

Absentee Ballot request

FAX TO: 407.708.7705 OR MAIL TO 1500 EAST AIRPORT BLVD., SANFORD, FL 32773

Please mail me an absentee ballot for (check one) All elections for which I am eligible through 2010
 Only the next election for which I am eligible

Last name First name Middle initial

Residential Address

Address to mail the absentee ballot (if different from residence address)

Date of Birth (Month / Date / Year): _____

Telephone Number: _____

Voter's Signature: _____

Please mail me an absentee ballot for (check one) All elections for which I am eligible through 2010
 Only the next election for which I am eligible

Last name First name Middle initial

Residential Address

Address to mail the absentee ballot (if different from residence address)

Date of Birth (Month / Date / Year): _____

Telephone Number: _____

Voter's Signature: _____

If making the request for an immediate family member

Requestor's Name (if request made by an immediate family member) : _____

Requestor's Address: _____

Requestor's Driver's License Number (if available): _____

Requestor's relationship to the voter (must be an immediate family member): _____

Requestor's Signature: _____