## ORANGE COUNTY VOTE-BY-MAIL DESIGNEE REQUEST FORM

## **VOTER INFORMATION (REQUIRED)**

1	2
Name (First / Middle / Last)	Date of Birth (MM / DD / YYYY)
3 0	R
3. Florida Driver License Number OR Florida Identification Card Number	Last 4 Digits of SSN
Address Where You Live (include apartment or suite if applicable; no P.O. Box)  City, State	Zip Code
Check to indicate this is a change to your residential address.	Zip Code
	n eligible for through Dec. 31, 2024
	religible for through Dec. 31, 2024
<ul><li>☐ Municipal Run-off Election (April 16, 2024)</li><li>☐ Primary Election (Aug. 20, 2024)</li></ul>	
General Election (Nov. 5, 2024)	
General Election (Nov. 3, 2024)	
6	 Date
Voter's Signature	
I am a visually impaired voter requesting an electronic vote-by-mail ballot. (*If check	ed, providing your email below is required.)
(☑) Optional Voter Information	
	Dhara Murahar
	Phone Number
Email*	
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)	nt or suite, if applicable)
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City  State / Country	at or suite, if applicable)  Zip Code
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City  State / Country	zip Code e this is a <b>temporary</b> mailing address.
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City  State / Country  Check to indicate this is your permanent mailing address. Check to indicate (For the next election)	zip Code e this is a <b>temporary</b> mailing address.
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City  State / Country  Check to indicate this is your permanent mailing address. Check to indicate (For the next election)  REQUESTOR'S INFORMATION (REQUIRED)	zit or suite, if applicable)  Zip Code  e this is a <b>temporary</b> mailing address.
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City  State / Country  Check to indicate this is your permanent mailing address. Check to indicate (For the next election)  REQUESTOR'S INFORMATION (REQUIRED)  The requester is someone other than the voter, and must provide	Zip Code e this is a <b>temporary</b> mailing address.
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City  State / Country  Check to indicate this is your permanent mailing address. Check to indicate (For the next election)  REQUESTOR'S INFORMATION (REQUIRED)  The requester is someone other than the voter, and must provide  1.  Name of Requireday (First (Middle / Lost))	Zip Code e this is a <b>temporary</b> mailing address. tion only.)  the following information. oter:  Spouse  Parent  Child
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City  State / Country  Check to indicate this is your permanent mailing address. Check to indicate (For the next election)  REQUESTOR'S INFORMATION (REQUIRED)  The requester is someone other than the voter, and must provide  1.  Name of Requireday (First (Middle / Lost))	Zip Code e this is a <b>temporary</b> mailing address.
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Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartmer  City State / Country  Check to indicate this is your permanent mailing address. Check to indicate (For the next election)  REQUESTOR'S INFORMATION (REQUIRED)  The requester is someone other than the voter, and must provide  1. 2. Relationship to V  Name of Requester (First / Middle / Last) Grandparent  3. Sequester's Florida Driver License Number OR Florida Identification Card Number  4.	zip Code e this is a <b>temporary</b> mailing address. tion only.)  the following information. oter: Spouse Parent Child Grandchild Sibling Legal Guardian Requester's Last 4 Digits of SSN
Email*  Address Where You Want Your Ballot Mailed (if different from above address; include apartment)  City State / Country  Check to indicate this is your permanent mailing address. Check to indicate (For the next election)  REQUESTOR'S INFORMATION (REQUIRED)  The requester is someone other than the voter, and must provide  1	zip Code e this is a <b>temporary</b> mailing address. tion only.)  the following information. oter: Spouse Parent Child Grandchild Sibling Legal Guardian OR
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## INFORMATION TO NOTE

- Return this completed form via fax to 407-254-6577, email to <u>vbmrequest@ocfelections.gov</u>, or mail to: Orange County Supervisor of Elections, P.O. Box 562001, Orlando, FL 32856-2001
- Vote-by-mail ballots can only be requested by the voter, voter's immediate family, or voter's legal guardian.
- Your completed vote-by-mail ballot must be received by our office no later than 7 p.m. on Election Day postmarks DO NOT count.
- Track your vote-by-mail ballot at: floridaorangevotes.ballottrax.net/voter.

Revised: 3/20/2024