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

## **VOTER INFORMATION (REQUIRED)**

1.		2.
Name (First / Middle / Last)		Date of Birth (MM / DD / YYYY)
3. Florida Driver License Number OR Florida	a Identification Card Number	Last 4 Digits of SSN
_		J
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	e to your residential address.	
5. Check the election(s) for which you a	are requesting a ballot:	
All elections I'm eligible for through	gh Dec. 31, 2024	
☐ Municipal Run-off Election (April 1	6, 2024)	
Primary Election (Aug. 20, 2024)		
General Election (Nov. 5, 2024)		
_		
6 Voter's Signature		 Date
_	sting on plactropic vota by mail ballet (#lf a	
	sting an electronic vote-by-mail ballot. ( # c	hecked, providing your email below is required.)
Optional Voter In	formation	
e optional votel in	Hormation	
Email*		Phone Number
Address Where You Want Your Ballot Mailed	(If different from above address; include apar	rtment or suite, if applicable)
City	State / Country	Zip Code
Check to indicate this is your <b>perma</b>	·	dicate this is a <b>temporary</b> mailing address.
Check to indicate this is your <b>perma</b>		election only.)

## **INFORMATION TO NOTE**

- Return this completed form via fax to 407-254-6577, email to <a href="mailto:vbmrequest@ocfelections.gov">vbmrequest@ocfelections.gov</a>, or mail to: Orange County Supervisor of Elections, P.O. Box 562001, Orlando, FL 32856-2001
- Visit <u>www.ocfelections.gov/vote-by-mail</u> for information about upcoming elections.
- 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: <u>floridaorangevotes.ballottrax.net/voter</u>.

Revised: 3/20/2024