

ORANGE COUNTY VOTE-BY-MAIL REQUEST FORM

VOTER INFORMATION (REQUIRED)

1. _____
Name (First / Middle / Last)
2. _____
Date of Birth (MM / DD / YYYY)
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OR

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Florida Driver License Number **OR** Florida Identification Card Number Last 4 Digits of SSN
4. _____
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.
5. Check the election(s) for which you are requesting a ballot: All elections I'm eligible for through Dec. 31, 2024
- House District 35 Special General Election (Jan. 16, 2024)
- Municipal Election and/or Presidential Preference Primary (March 19, 2024)
- Primary Election (Aug. 20, 2024)
- General Election (Nov. 5, 2024)
6. _____
Voter's Signature Date
- I am a visually impaired voter requesting an electronic vote-by-mail ballot. (*If checked, providing your email below is required.)

Optional Voter Information

- _____ Email* _____ Phone Number
- _____ Address Where You Want Your Ballot Mailed (if different from above address; include apartment or suite, if applicable)
- _____ City _____ State / Country _____ Zip Code
- Check to indicate this is your **permanent** mailing address. Check to indicate this is a **temporary** mailing address. (For the next election only.)



INFORMATION TO NOTE

- Return this completed form via fax to 407-254-6577, email to vbmrequest@ocfelections.gov, or mail to: Orange County Supervisor of Elections, P.O. Box 562001, Orlando, FL 32856-2001
- Visit www.ocfelections.gov/vote-by-mail 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: floridaorangevotes.ballottrax.net/voter.