

ABSENTEE/MAIL BALLOT REQUEST FORM

PLEASE READ AND THEN COMPLETE FORM BELOW AND SEND TO:

KAY CLEM
SUPERVISOR OF ELECTIONS
4375 43rd Avenue #101
VERO BEACH, FL 32967-1024
772-226-3440

Notice: A request for an absentee ballot to be mailed must be received by the Supervisor of Elections no later than 5:00 p.m. on the sixth day before the election.

This request is valid for only one (1) registered voter. This form may be duplicated. **If you are a qualified and registered voter**, ballots will be mailed only for the elections checked. Absentee ballots are mailed approximately 30 days prior to each election to those voters who have requested an absentee ballot. **FLORIDA LAW PROHIBITS ABSENTEE BALLOTS FROM BEING FORWARDED BY THE POST OFFICE. If you will not be at your Indian River County address, please complete the "Mail Ballot To" portion of this form with the address to which you want the ballot mailed.**

AUGUST 24, 2010
PRIMARY ELECTION

NOVEMBER 2, 2010
GENERAL ELECTION

ALL ELECTIONS THROUGH THE NEXT TWO
REGULARLY SCHEDULED GENERAL ELECTIONS (2012)

VOTER REQUEST – Florida law **requires all** of the information listed in this box if the voter is making a request for an absentee ballot.

(Please Print)

Mail Ballot To: address listed below

Voter Name

Indian River County Street Address

City/State

Zip

Voter's Date of Birth: _____

E-mail address:

Phone No. () _____

A signature must be provided by the person making the request X _____

REQUEST BY IMMEDIATE FAMILY MEMBER* OR LEGAL GUARDIAN – FOR THE VOTER LISTED ABOVE – In addition to the information required in the voter request box, Florida law requires all of the information in this box if an immediate family member* or legal guardian has been directed (designated) by the voter to request an absentee ballot. ("Immediate family" means the designee's spouse or the parent, child, grandparent, or sibling of the designee or of the designee's spouse.

Full Name of Requester

Requester's Relationship to Voter

Street Address of Requester

Requester's Drivers License # (if available)

City/State

Zip

Requester's Signature