

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

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If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

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Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

**Voter's mailing
address for ballot:**

(only if different than
home address)

_____ **City:** _____

State: _____ **Zip code:** _____ **Country, if outside US:** _____

Please update my **residential address** and/or my **mailing address** in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number:

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If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

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Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- Spouse
 Parent
 Child

- Grandparent
 Grandchild
 Sibling

- Parent of voter's spouse
 Child of voter's spouse
 Grandparent of voter's spouse
 Grandchild of voter's spouse

- Sibling of voter's spouse
 Voter's legal guardian
 Designee for a voter with a disability

Designee's Signature: _____ **Date:** ____ / ____ / ____
The voter directly instructed me to make this request for them.

Important Information

You may request a vote-by-mail ballot by completing this form and mailing it to the address at the bottom of the page, or emailing it to votebymail@sarasotavotes.gov.

Alternatively, you may submit a vote-by-mail ballot request in one of the following ways:

Online: Visit SarasotaVotes.gov/VoteByMail

By phone: Call 941.861.8618 and a staff member will assist you.

In person: Drop off the completed and signed form at one of our three offices.

When requesting a vote-by-mail ballot, please remember the following:

- You must be registered to vote in Sarasota County by the registration deadline, 29 days before election day.
- A request for a ballot to be mailed must be received in the elections office by 5 p.m. on the 12th day before election day.
- Voted ballots must be received in the elections office by 7 p.m. on election day.
- Vote-by-mail ballots cannot be forwarded or held by the U.S. Post Office. If a ballot is returned to our office as undeliverable, all future requests may be canceled.
- You may track the status of your vote-by-mail ballot at SarasotaVotes.gov/VotebyMail.

If you have questions regarding submitting a vote-by-mail ballot request in Sarasota County, please call 941.861.8618.

Mailing address:

Ron Turner
Supervisor of Elections
PO Box 4194
Sarasota FL 34230-4194

Elections Office Locations:

Terrace Building
101 S. Washington Blvd.
Sarasota, FL 34236

Robert L. Anderson Admin. Bldg.
4000 Tamiami Trail S. Rm 114
Venice, FL 34293

Biscayne Plaza
13640 Tamiami Trail
North Port, FL 34287