

VOTE-BY-MAIL REQUEST FORM

BILL COWLES, ORANGE COUNTY SUPERVISOR OF ELECTIONS



VOTER INFORMATION (REQUIRED)

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

3. _____ **OR** _____
Florida Driver License Number **OR** Florida Identification Card Number Last 4 Digits of SSN

4. _____ City _____ State _____ Zip Code _____
Address Where You Live (include apartment or suite if applicable; no P.O. Box)
 Check to indicate this is a change to your residential address.

5. Check the election(s) for which you are requesting a ballot:
 General Election (Nov. 8, 2022)

6. _____ Date _____
Voter's Signature

I am a visually impaired voter requesting an electronic vote-by-mail ballot. (If checked, providing your email below is required.)

Optional

_____ Phone _____
Email

_____ 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
- Check www.ocfelections.gov or call 407-836-2070 for information about upcoming elections.
- For a vote-by-mail ballot to be mailed, we must receive your request **no later than** 5:00 p.m. the 10th day before the election.
- 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: www.ocfelections.gov/track-my-vote-mail-ballot.