

ORANGE COUNTY VOTE-BY-MAIL REQUEST FORM



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. _____
Address Where You Live (include apartment or suite if applicable; no P.O. Box) City, State Zip Code

5. Check the election(s) for which you are requesting a ballot:

- All elections I'm eligible for through Dec. 31, 2024
- City of Orlando Election and/or House District 35 Special Primary Election (Nov. 7, 2023)
- 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 apt. 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 ocfelections.gov/vote-by-mail for more information.
- 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.**