

ORANGE COUNTY VOTE-BY-MAIL DESIGNEE REQUEST FORM



VOTER INFORMATION (REQUIRED)

1. _____
Name (First / Middle / Last)
2. _____
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
- 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
 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

- _____ Phone Number
- _____ 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.)



REQUESTOR'S INFORMATION (REQUIRED)

The requester is someone other than the voter, and **must** provide the following information.

1. _____ 2. Relationship to Voter: Spouse Parent Child
Name of Requester (First / Middle / Last) Grandparent Grandchild Sibling Legal Guardian
3. _____ **OR** _____
Requester's Florida Driver License Number **OR** Florida Identification Card Number Requester's Last 4 Digits of SSN
4. _____
Requester's Address (include apartment or suite if applicable) City State Zip Code
5. _____
Requester's Signature Date



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
- 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: floridaorangevotes.ballottrax.net/voter.