



REQUEST FOR ABSENTEE BALLOTS 2012

SUPERVISOR OF ELECTIONS • LEON COUNTY

LEON COUNTY, FLORIDA USA

LeonVotes.org



- This form can ONLY be used for requesting an absentee ballot for YOURSELF or an IMMEDIATE FAMILY MEMBER.
- The LAST DAY to request an absentee ballot is the WEDNESDAY before the election. See www.LeonVotes.org for info.
- Ballots are mailed out the following weekday after processing of your form is complete.
- Your completed ballot MUST be received at the Supervisor of Elections Office (NOT polling precincts or post office) NO LATER THAN 7:00 PM on the day of the election, or your vote WILL NOT be counted.
- If you have any questions or concerns, please call our office at (850) 606-8683 or visit www.LeonVotes.org.
 - This form is for one voter. Households should not combine requests here.

Check next to the election(s) choice for which you are requesting an absentee ballot(s):

All elections through 2014 for which I am eligible
 only January 31, 2012 Presidential Preference Primary Election
 only August 14, 2012 Primary Election
 only November 6, 2012 General Election

* Required:

* You must provide either your Date of Birth or your Voter Registration #:

Name: _____ Date of Birth: _____ OR Voter Registration #: _____

* Required:

* Required if different than residence:

Residence Address: _____ (not a P.O. Box) _____

 Tallahassee, FL _____

Mail Ballot to: _____

Daytime Phone: _____ Country: _____ (if not USA)

Email (optional): _____ * Under Florida Law, e-mail addresses are public record. Leave this blank if you do not want your e-mail address released in response to a public records request.

Voter Status: (choose only one)

Civilian, in USA
 Civilian, out of USA
 Military, in USA
 Military, out of USA
 Military Dependent, in USA
 Military Dependent, out of USA

*Required for Voter or Requester:

Signature _____

Please remember to sign this absentee ballot request!

* Fill out the below areas only if ballot request above is for an immediate family member. If requesting for yourself, leave blank.

NOTE: Only the elector (voter), a member of the elector's (voter's) immediate family [designee's spouse, parent, child, grandparent, sibling of the designee or designee's spouse (inlaws)], or the elector's (voter's) legal guardian may request a ballot. F.S. 101.62 (4)(b) 4.

Name: _____ Relationship to Voter: _____

Residence Address: _____ Daytime Phone: _____

Stay Informed & Connected!



★ You can mail this signed form to Supervisor of Elections Office, PO BOX 7357, Tallahassee, FL 32314-7357 ★ or fax it to (850) 606-8601 or deliver it to our office at 315 South Calhoun Street, Suite 110

'Like' our page on facebook!

Facebook.com/LeonVotes