



VOTE-BY-MAIL BALLOT REQUEST FORM

Your request for a Vote-by-Mail ballot be received by the Elections Office no later than 5:00 p.m. on the WEDNESDAY prior to an election.

Call: (239) LEE-VOTE (533-8683) or Visit: www.lee.vote

Tommy Doyle, Supervisor of Elections • P. O. Box 2545, Fort Myers, FL 33902-2545 • Fax (239) 533-6322

ATTENTION VOTER. Please check box if this is also a change of residence address WITHIN Lee County, Florida. Your signature is required! Another requestor cannot sign for a voter's change of address.

Florida Law - [Required] items must be completed when requesting a vote-by-mail ballot.

VOTER INFORMATION (1) REQUEST PER FORM [PLEASE PRINT]

Date of Request: [Required]				
Voter's Name: [Required]	Last Name	First Name	Middle Name	Suffix
Lee County Residence Address: [Required]	Address	Apt/Lot/Unit	City	Zip Code
Mail Ballot To: <i>Only if different from residence address.</i>	Address	Apt/Lot/Unit	City	State Zip Code
Date of Birth: [Required]	Month/Day/Year		Daytime Telephone #: <i>In case we need to contact you.</i>	
Voter's Signature:	[Required]	X		

*Are you traveling between elections?
The Post Office will not forward a Vote-by-Mail Ballot! Make a separate request for each election in order to ensure you receive your ballot.*

VOTE-BY-MAIL BALLOTS REQUESTED [CHECK ALL THAT APPLY]

• City of Bonita Springs	<input type="checkbox"/> 03/20/18 Regular Election	
• Federal/State/County	<input type="checkbox"/> 08/28/18 Primary Election	<input type="checkbox"/> 11/06/18 General Election
• All Elections	<input type="checkbox"/> All elections for which I am eligible through 2020	

You can track the status of your Vote-by-Mail ballot on our website.

**REQUESTOR OTHER THAN VOTER [PLEASE PRINT]
COMPLETE PORTION BELOW ONLY IF REQUESTING THE BALLOT FOR SOMEONE OTHER THAN YOURSELF.**

Requestor's Name: [Required]	Last Name	First Name	Middle Name	Suffix
Requestor's Address: [Required]	Address	Apt/Lot/Unit	City	State Zip Code
Relationship to Voter: [Required] [Check One]	<input type="checkbox"/> legal guardian, <input type="checkbox"/> child, <input type="checkbox"/> grandparent, <input type="checkbox"/> parent, <input type="checkbox"/> sibling, <input type="checkbox"/> spouse, <input type="checkbox"/> spouse's grandparent, <input type="checkbox"/> spouse's parent, <input type="checkbox"/> spouse's child, <input type="checkbox"/> spouse's sibling.			
Driver's License #:				
Date of Birth:	Month/Day/Year		Daytime Telephone #: <i>In case we need to contact you.</i>	
Requestor's Signature:	[Required]	X		