

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

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If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

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Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

**Voter's mailing
address for ballot:**

(only if different than
home address)

_____ **City:** _____

State: _____ **Zip code:** _____ **Country, if outside US:** _____

Please update my **residential address** and/or my **mailing address** in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____ / ____ / ____

(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number:

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If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

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Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- Spouse
 Parent
 Child

- Grandparent
 Grandchild
 Sibling

- Parent of voter's spouse
 Child of voter's spouse
 Grandparent of voter's spouse
 Grandchild of voter's spouse

- Sibling of voter's spouse
 Voter's legal guardian
 Designee for a voter with a disability

Designee's Signature: _____ **Date:** ____ / ____ / ____

The voter directly instructed me to make this request for them.

Vote By Mail

Per [101.62, F.S.](#), vote-by-mail ballot requests are valid for all elections through the end of the calendar year of the next regularly scheduled general election. Select one of the options below to submit a vote-by-mail request through 2024.

Requesting Your Ballot

- Online using the [Mail Ballot Request Service](#)
- In person at any [elections office](#)
- By phone - 941.861.8618
- By mail or email
 - Request form in [English](#)
 - Formulario de solicitud en [Español](#)



Mailing Address:

Sarasota County Supervisor of Elections
P.O. Box 4194
Sarasota, FL 34230-4194

Voters with disabilities: Americans with Disabilities Act (ADA) accessible voting options are available to voters who are blind or with disabilities. Please call 941.861.8618 for assistance.