

**VOTE BY MAIL REQUEST
OUT OF COUNTY MAILING ADDRESS**

Name: _____
(Please Print)

email: _____ Phone: (____) _____
(in case we have to notify you)

Required by law:

Date of birth (MM/DD/YY) ____/____/____ **OR** Voter Identification # _____

Pasco Residence Address of Record:

Address ballot should be mailed to:

Check which election(s) we should use this mailing address for:

Primary.

General.

VOTER SIGN HERE: _____ **Date:** _____

Effective January 1, 2014, Florida law requires voters who request their absentee ballot be mailed to an address other than their address of record to make their request in writing which includes either their date of birth or their voter identification number and their signature.

F.S. 101.62(1)b. - ". . . if the ballot is requested to be mailed to an address other than the elector's address on file in the Florida Voter Registration System, the request must be made in writing and SIGNED BY THE ELECTOR."

- Use this form if you need your vote-by-mail ballot sent to a different address.
- Print and sign this form and mail it to: Supervisor of Elections' Office, PO BOX 300, Dade City FL 33526.
- A signed written note that includes your date of birth or your voter identification number may be substituted for this form.
- For questions regarding this form or your vote-by-mail ballot call 800-851-8754.
- After receiving your ballot you can track its status at pascovotes.com.