

VOTE-BY-MAIL BALLOT REQUEST FORM

PLEASE PRINT, COMPLETE AND SEND TO:

Melissa Arnold
SUPERVISOR OF ELECTIONS
304 NW 2ND Street, Room 144
Okeechobee, FL 34972
Phone: 863-763-4014 Fax: 863-763-0152

This request is valid for only one (1) registered voter. This form may be duplicated. **If you are a qualified registered voter**, ballots will be mailed only for the elections checked. Vote-by-Mail ballots are mailed approximately 30 days prior to each election to those voters who have requested vote-by-mail ballots. **VOTE-BY-MAIL BALLOTS CANNOT BE FORWARDED.** If you will be away from your Okeechobee County address, please complete the "Mail ballot to" portion of this form with the address to which you want the ballot mailed. REMEMBER, it is illegal to vote in a precinct in which you do not live.

Presidential Preference Election
March 19, 2024

Primary Election
August 20, 2024

General Election
November 5, 2024

All Elections for 2024

(Elections Dates are subject to Legislative Changes)

VOTER REQUEST –Florida law requires all the information listed, if the voter is making a request for a vote-by-mail ballot.
(Please Print)

Mail ballot to:

Voter Name

Okeechobee County, Registered Street Address

City/State

Zip

Voter Driver's License # or last four of Social

Voter Date of Birth:

Phone Number

A signature must be provided by the person making the request. X_____

REQUEST BY IMMEDIATE FAMILY MEMBER* OR LEGAL GUARDIAN – FOR THE VOTER

In addition to the information required in the voter request box, Florida law requires all the information in this box if an immediate family member* or legal guardian has been directed (designated) by the voter to request a vote-by-mail ballot. (*"Immediate Family" means the designee's spouse or the parent, child, grandparent/grandchild, or sibling of the designee or of the designee's spouse.)

DOES YOUR FAMILY MEMBER KNOW THAT YOU ARE MAKING THIS REQUEST? YES NO

Full Name of Requester

Requester's Relationship to Voter

Street Address of Requester's

Requester's Driver's License # or last four of Social

City/State

Zip

Requester's Signature

****A signature must be provided by the person making the request. ****