

Vote-by-Mail Ballot Request Form

Please send me a Vote-by-Mail ballot for (check all that apply):

2018 Primary Election

2018 General Election

All elections for which I am eligible through 2020

Last Name

First Name

Middle Initial

____/____/____ (____)

Date of Birth

Phone Number

Email Address

Brevard County Residence Address

Address to mail ballot to (if different from Brevard County residence address)

Important: Ballots may not be forwarded

Voter's Signature

Date

***Your signature is very important. The signature on your Vote-by-Mail ballot must match the signature on your voter's registration record. Please update your signature by completing a new voter's registration application.**

Please complete if making a request for an immediate family member

Requestor's Name: _____

Requestor's Address: _____

Requestor's Driver's License Number (if available): _____

Requestor's Relationship to Voter: _____

***Public Records: Per Florida Law, email addresses and/or phone numbers provided are public record. You may track the status of your Vote-by-Mail ballot from the "Ballots by Mail" section of our website.**



Mail to:
Post Office Box 410819, Melbourne, FL 32941-0819
or Fax to 321.637.5460

www.VoteBrevard.com

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