

Vote-by-Mail Voter Data Order Form

Okeechobee County, FL

Instructions: Please fully complete this form and return it with the appropriate payment to the Okeechobee County Elections Office (located in the Historic Courthouse building,) 304 NW 2nd Street, Room 144, Okeechobee, FL 34972 or fax to 863-763-0152, however the requested data will not be provided until payment is received. Make check payable to the Okeechobee County Supervisor of Elections. No phone requests please. If you have questions you may contact the Elections Office at 863-763-4014.

For Office Use Only
Records

Signed Oath on file

Very Important: Vote-by-mail ballot voter information is confidential and exempt (119.07(1)) and made available only to those so authorized as defined in 101.62(3).

1. Requested by

Contact Name: _____ Title: _____
 Organization: _____ Candidate: _____
 Mailing Address: _____
 Phone: _____ Fax: _____ Date Requested: _____
 Email: _____

2. Indicate below the Vote-by-Mail Voter data requested

- | | | |
|--|--|--|
| <p>Precincts / Districts:</p> <p><input type="checkbox"/> All Precincts</p> <p><input type="checkbox"/> City Precincts Only</p> <p><input type="checkbox"/> Selected Precincts Only (1 – 11, list below)</p> <p>_____</p> <p><input type="checkbox"/> County Commission: _____</p> <p><input type="checkbox"/> School Board: _____</p> <p><input type="checkbox"/> Congressional #17</p> <p><input type="checkbox"/> Senate #26</p> <p><input type="checkbox"/> House #55</p> | <p>Political Parties:</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Democrat</p> <p><input type="checkbox"/> Republican</p> <p><input type="checkbox"/> No Party Affiliation</p> <p><input type="checkbox"/> Other: _____</p> | <p>Sort Order:</p> <p><input type="checkbox"/> Name</p> <p><input type="checkbox"/> Name by Precinct</p> <p><input type="checkbox"/> Residence Address</p> <p><input type="checkbox"/> Zip Code</p> <p><input type="checkbox"/> Registration Number</p> |
|--|--|--|

3. Choose below your preferred format and distribution method

Initial File (select one)		
<input type="checkbox"/> Comma Delimited Text File: \$10	<input type="checkbox"/> PDF Mailing Label Sheets: \$10	<input type="checkbox"/> Printed Mailing Labels: \$10 + \$.43/sheet
Distribution Methods (select one)	Distribution Methods (select one)	Distribution Methods (select one)
<input type="checkbox"/> CD via US Mail (additional \$5) <input type="checkbox"/> CD Picked up at Elections Office <input type="checkbox"/> .txt file via Email	<input type="checkbox"/> CD via US Mail (additional \$5) <input type="checkbox"/> CD Picked up at Elections Office <input type="checkbox"/> .pdf file via Email	<input type="checkbox"/> US Mail (additional \$5) <input type="checkbox"/> Picked up at Elections Office
Daily Update Files (no charge, provided by Email only)		
<input type="checkbox"/> Request daily update files. Indicate format desired (select one): <input type="checkbox"/> Comma Delimited Text File <input type="checkbox"/> PDF Mailing Label sheets		
<input type="checkbox"/> Check here to have daily updates emailed to additional individuals and provide the additional email addresses below.		

4. Authorizing Candidate or Committee Chairperson Signature (required)

X _____ Printed Name: _____ Title: _____

Note: One order per form. Payment is due BEFORE order will be released. Allow 3-4 business days for processing.