# 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.

 **Primary Election** **General Election**

 **August 23, 2022 November 8, 2022**

 **Both Primary and General Election for 2022**

**(Elections Dates are subject to Legislative Changes)**

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

 Is this an address change? Yes No **Mail ballot to:**

Voter Name

Okeechobee County Street Address

City/State Zip Voter Driver’s License # or

last four digits of Social Security #

 Phone No. ( ) -

Voter Date of Birth:

**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, 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 Requesters Requester’s Drivers License # or

 last four digits of Social Security #

City/State Zip Requester’s Signature