

MICHAEL BENNETT • SUPERVISOR OF ELECTIONS

PO BOX 1000, BRADENTON, FL 34206-1000

INFO@VOTEMANATEE.COM • TELEPHONE 941-741-3823 • FAX 941-741-3820

Vote By Mail Ballot Request

Please complete this form, print out, sign and return by mail, email or fax. If using an address already on file in the voter record, the request may be made by calling this office.

Before requesting a Vote By Mail ballot, it is important to know:

- The voter must be registered to vote in the state of Florida no later than 29 days prior to any Election Day.
- The ballot is mailed to the voter about 30 days prior to each election if the address is within the US, and 45 days prior if the address is outside the US or if the voter record indicates military status.
- The ballot must be requested no later than 5:00 pm six days prior to any Election Day.
- The ballot can be neither held nor forwarded by the US Post Office, and if undeliverable will be returned
- to the elections office. This action will cause all future Vote By Mail requests to be canceled until the voter contacts the elections office.
- The voted ballot must be returned to and in the possession of the elections office no later than 7:00 pm on Election Day.
- The status of a voted ballot may be tracked online at www.VoteManatee.com. Select Vote By Mail & Early Voting in the left column, then select Track Your Vote By Mail Ballot.

This Vote By Mail Ballot Request form ca	an be processed only if sections ① throug	gh (3) are completed (please print clearly):	
Voter Name: Last / First / Middle		Date of Birth	
❸			
•	nce: Street / City / State / ZIP Code		
Address to send ballot to, if diffe	erent from ⑤ above: Street / City / Sta	ite / ZIP Code	
6 Check the election(s) for which a	/ote By Mail ballot is requested:		
☐ All elections through Dec. 31, 2	2020		
6			
Voter Signature	Date	Telephone Number	
Requestor Informatio	Note By Mail ballots may be reque	sted on behalf of another person only by an	
mmediate family member or legal guardia		residence or mailing address already on file	
Requestor Name	Relationship to Voter	Requestor Driver License Number (if available)	
Requestor Address: Street / City / S	State / ZIP Code		
Requestor Signature	 Date	Davtime Telephone Number	