

**ANN McFALL, SUPERVISOR OF ELECTIONS
ABSENTEE BALLOT REQUEST FORM**

Office use only Request Taken By: _____

Date: _____

Voter Registration Number (if known) _____

Phone Number _____

First Name _____

Middle Name _____

Last Name _____

E-mail Address _____

Date of Birth (Required) _____

VOLUSIA COUNTY RESIDENCE ADDRESS (REQUIRED)

Address listed below is a new address, please update.
(Only voter may make this change)

Street Address _____ Apt/Unit/Lot _____

City _____ State _____ Zip Code _____

PERMANENT MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE ADDRESS)

Address _____ Apt/Unit/Lot _____

City _____ State _____ Zip Code _____

ALTERNATIVE MAILING ADDRESS INSTRUCTIONS

Absentee ballots must be mailed to the mailing address on file, unless the voter is (select one):

- ← *Absent from the county, and will not return before the day of the election.*
- ← *Temporarily unable to occupy the Volusia County residence because of a natural disaster.*
- ← *In a hospital, assisted living facility, nursing home, short-term medical or rehabilitation facility, or correctional facility.*

Alternative Mailing Address _____ Apt/Unit/Lot _____

City _____ State _____ Zip Code _____

BALLOT REQUEST IS FOR (SELECT CHOICE THAT APPLIES)

- ← *All elections for which I am eligible to vote through the next two regularly scheduled general elections (2012).*
- ← *Specific Election (current year): _____*

REQUEST BY IMMEDIATE FAMILY OR LEGAL GUARDIAN FOR VOTER

If you are requesting an absentee ballot for an immediate family member or are a legal guardian, you must complete this section.

- ← **I have been instructed by the voter to make this request.**

Requestor's Name _____ Relationship to the voter (Required) _____

Requestor's Complete Address _____

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

VOTER'S/REQUESTOR'S SIGNATURE (WRITTEN REQUESTS ONLY)

DoE 101.62 (Revised 1-29-09)
