

**LISA LEWIS, SUPERVISOR OF ELECTIONS, VOLUSIA COUNTY
VOTE-BY-MAIL BALLOT REQUEST FORM**

Date: _____

Date of Birth
(Required) _____

Voter Registration
Number (if known) _____

First Name _____

Middle Name/
Initial _____

Last Name _____

E-mail Address _____

Phone
Number _____

Party _____

VOLUSIA COUNTY RESIDENCE ADDRESS (REQUIRED)

Street Address _____

Apt/Unit/Lot _____

City _____

State _____

Zip Code _____

PERMANENT MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)

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 calendar year of the second regularly scheduled general election (2024).



Specific Election (current year): _____

ALTERNATIVE MAILING ADDRESS INSTRUCTIONS (If different from residential/ mailing address)

Note: If "All Elections" was selected above, all ballots will be mailed to the alternative mailing address unless otherwise specified below.

Specific Election: _____

Alt. Mailing Address _____

Apt/Unit/Lot _____

City _____

State/
Country _____

Zip Code _____

OVERSEAS CIVILIAN AND MILITARY/MILITARY DEPENDENT VOTERS (ONLY)

Method in which to receive ballot :



Email, please provide email address above.



Fax, please provide fax number: () () () ()
International Prefix International Country Code Area/Province/ City Code Local Phone Number



Mail, please provide mailing address, if different from above.

REQUEST BY IMMEDIATE FAMILY MEMBER OR LEGAL GUARDIAN FOR VOTER

If a vote-by-mail ballot is being requested for an immediate family member or by a legal guardian, this section must be completed.



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) _____

SIGNATURE REQUIRED: