

Absentee Ballot Request Form

Will You Be Requesting Absentee Ballot(s) Through All Elections to 2014? Yes ___ or No ___
 If you checked no, please indicate below which Elections you are requesting item #2.

UOCAVA VOTER: Uniformed Voter & Overseas Voter (please refer to backside for definition of UOCAVA voter)

UOCAVA VOTER YES _____ **NO** _____ if yes indicate overseas or Stateside: Overseas ___ Stateside ___

IF UOCAVA: VOTER'S PREFERRED METHOD OF DELIVERY:

EMAIL _____ if checked: **EMAIL ADDRESS** _____

MAIL _____ if mail provide address below (item #3) if different than address in item 1.

FAX _____ if fax: **Provide FAX NUMBER** _____

1. _____
Voter's Name – Please Print (First, Middle, Last) _____ Phone Number Where You Can be Reached

_____ Date of Birth _____ Party

_____ Current legal residence address + zip code

_____ Current Mailing Address + zip code

2. I wish to vote by absentee ballot in the following election(s):

_____ Presidential Preference Primary (2012) _____ Primary (2012) _____ General (2012)

_____ Primary (2014) _____ General Election (2014) _____ Special Election (**if one is held**)

3. Address to which absentee ballot should be mailed (if **different** than above):

_____ Mailing Address _____ City

_____ State _____ Zip Code + four

Second Address for Specified Election below: _____ **2012** _____ **2014**

_____ Presidential Preference Primary _____ Primary _____ General Election _____ Special Election

_____ Mailing Address _____ Phone Number Where You Can Be Reached

_____ City _____ State _____ Zip Code + four

4. _____
Voter's Signature **Date**

5. An absentee ballot may be requested **ONLY** by the voter, the voter's immediate family, or legal guardian. If this absentee ballot is being requested by a member of the voter's immediate family or legal guardian, that person must disclose the following additional information:

_____ Requester's Printed Name _____ Relationship to Voter

_____ Requester's Address **Requester's Signature**

_____ Requester's Drivers License Number

Return this form to: Karen S. Krauss
 Supervisor of Elections
 900 N Main St.
 Bushnell, FL 33513

Phone: (352) 569-1540

Note: Absentee Information on reverse side

Elections Office Use Only	Voter ID # _____	Posted Date and Initials: _____
Date: _____	Method of Request: _____	Deputy: _____