



Alan Hays

Lake County Supervisor of Elections

1898 E. Burleigh Blvd., Tavares, FL 32778

Mailing: PO Box 457, Tavares, FL 32778

Phone: (352) 343-9734

Fax: (352) 253-1422

Website: www.lakevotes.gov

Email: mailballots@lakevotes.gov

Dear Voter,

To request a vote-by-mail ballot, please complete the enclosed Statewide Vote-by-Mail Ballot Request Form. It's important that you include all required information to expedite your request. If you are requesting a ballot for yourself, complete the top half of the form. If you are requesting a ballot for someone who directly instructed you to do so, complete the entire form.

The Lake County Supervisor of Elections is proud to offer additional statutorily approved voting options to our military voters, overseas voters, and those voters who are unable to vote a traditional ballot without assistance. **If you qualify and would like to take advantage of these options, please complete the appropriate information below and return this with your vote-by-mail request.**

- I am an overseas or active military voter (includes spouse and dependents) residing outside of Florida and would like to receive my ballot via email.

Email address: _____

- I am an overseas or active military voter (includes spouse and dependents) residing outside of Florida and would like to receive my ballot via fax.

Fax number: _____

- I am unable to vote a traditional ballot due to blindness, disability, or inability to read or write and would like to receive an accessible ballot via email.

Email address: _____

All Lake County voters also have **the option to sign up for BallotTrax** which sends notifications when your ballot is sent, when it's received, and if there is an issue with your signature. To sign up for these notifications, please complete the following:

Email address: _____

Phone Number: _____ Mark Preference: Call and/or Text

Printed Name: _____

Signature: _____ **Date:** _____

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.

To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

--	--	--	--

Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

**Voter's mailing
address for ballot:**

(only if different than
home address)

_____ **City:** _____

State: _____ **Zip code:** _____ **Country, if outside US:** _____

Please update my **residential address** and/or my **mailing address** in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____ / ____ / ____

(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

--	--	--	--

Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

Spouse
 Parent
 Child

Grandparent
 Grandchild
 Sibling

Parent of voter's spouse
 Child of voter's spouse
 Grandparent of voter's spouse
 Grandchild of voter's spouse

Sibling of voter's spouse
 Voter's legal guardian
 Designee for a voter with a disability

Designee's Signature: _____ **Date:** ____ / ____ / ____

The voter directly instructed me to make this request for them.