

**Lisa Lewis**  
Supervisor of Elections  
County of Volusia



125 W. New York Ave  
DeLand FL 32720  
Phone: (386) 736-5930

## Certification of Eligibility Vote-By-Mail

I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire vote-by-mail ballot information.

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**Requester's Name** (Print Name)

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**Signature**

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**Email Address and Phone Number(s)**

**Select the applicable authorization category:**

- Candidate who has filed qualification papers and is opposed in an upcoming election  
 Political Party or Official thereof  
 Registered Political Committee

**I also designate the following person(s) on my behalf to receive and use this information:**

|      |               |             |
|------|---------------|-------------|
| Name | Email Address | Telephone # |
|      |               |             |
| Name | Email Address | Telephone # |
|      |               |             |
| Name | Email Address | Telephone # |
|      |               |             |
| Name | Email Address | Telephone # |
|      |               |             |
| Name | Email Address | Telephone # |
|      |               |             |

**Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

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Department of Elections Staff Member Signature