**Vote-by-Mail Requests**

**OFFICE USE ONLY**

<table>
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<tr>
<th>DATE PAID</th>
<th>PAYMENT TYPE:</th>
<th>CASH</th>
<th>CHECK</th>
<th>CHECK #</th>
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<td>GENERAL FEE</td>
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<td>TOTAL COST</td>
<td>AMOUNT PAID</td>
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<td>BALANCE DUE</td>
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</tbody>
</table>

**NAME:** ___________________________________________ **DATE:** __________________

**ADDRESS:** ___________________________________________

**CITY/ZIP:** ___________________________________________ **PHONE #:** __________________

**EMAIL ADDRESS:** ___________________________________________

**OUTPUT SELECTION:** (select one)  Compact Disc ☐  Email ☐  Labels ☐

**RECORD SELECTION:** (specify)  Countywide ______

Congressional _____  Senate _____  House _____  County Council District _____  School Board District _____

Municipality _____________  Zone/District _____________  Individual Precincts _____________

Party Affiliation:  All ☐  Dem ☐  Rep ☐  NPA ☐  Minor (specify) ☐

**VOTE-BY-MAIL BALLOT REQUESTS:**

Initial Run: ☐  **Updates:**(select one)  Daily ☐  Weekly ☐

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**To submit by mail:**  Lisa Lewis, Supervisor of Elections  
Historic Courthouse 125 West New York Avenue DeLand, FL 32720-5415

**To submit by fax:**  (386) 943-7073