

**LISA LEWIS, SUPERVISOR OF ELECTIONS  
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 (2022).  
 ← 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:**