



JACKSON COUNTY
SUPERVISOR OF ELECTIONS

VOTE BY MAIL BALLOT INFORMATION

Print Name of Authorized Person Requesting Vote by Mail Ballot Information:

Name of Candidate (Qualified) _____

Office Sought _____

Telephone No. _____ E-Mail Address _____

OR

Political Party _____

Political Committee (Registered) _____

Telephone No. _____ E-Mail Address _____

Print name, telephone number and e-mail address of the person, ***other than the candidate, political party or political committee chair/representative***, who is authorized to receive vote by mail ballot information on behalf of the candidate, political party, or political committee.

Please indicate the election name (primary, general, special, municipal) and date which the vote by mail ballot information is requested.

Name _____ Telephone No. _____

E-Mail Address _____

Election Name and Date _____

Signature _____ Date _____

(Signature of Candidate, Political Party Chair/Official, Political Committee Chair/Official)

By signing this document I understand and agree with provisions of F.S. 101.62 (3)“This information shall be confidential and exempt from the provisions of s. 119.07(1) and shall be made available to or reproduced only for the voter requesting the ballot, a canvassing board, an election official, a political party or official thereof, a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees for political purposes only.”

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