**HENDRY COUNTY VOTE-BY-MAIL BALLOT INFORMATION REQUEST FORM**

Vote-by-Mail (VBM) request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except for the following person or entities who may obtain and use it for political purposes only:

1. Voter – entitled to access his/her own requested information
2. Canvassing Board
3. Election Official
4. Political Party or official thereof
5. Candidate who has filed qualification papers and is opposed in an upcoming election
6. Registered Political Committees

Check the applicable box below for access to the VBM request information for Hendry County:

( ) Voter ( ) Candidate for office of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Canvassing Board ( ) Registered Political Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Election Official ( ) Political Party or official thereof: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(electronic signatures will not be accepted)

Requestor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This request is for the Election.

Check all that apply:

( ) All Voters or ( ) Democrats or ( ) Republicans or ( ) NPA/other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply:

( ) Daily ( ) Weekly or ( ) Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail completed form to: Scan and email to: \_\_\_\_\_\_\_\_\_ Fax to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor of Elections **OR OR** (863) 675-7803

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