

VOTE BY MAIL DATA REQUEST FORM

Duval County Supervisor of Elections

Vote by mail information is confidential and exempt from public disclosure under section 101.62(3), F.S., except to the following persons or entities that may request and use it for political purposes only:

Political Committee (Provide committee name)

A Political Party or Official (Provide party/official name)

□ Candidate who has filed qualification papers & is opposed in an upcoming election (Race:_____)

Election Cycle: _____ Data requested: □All Parties □Democrat □Republican □Other_____

Please Print Name:	Title/Office	
Street Address:	Phone:	
City/State/Zip	Email:	

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

X	
SIGNATURE OF PERSON REQUESTING INFORMATION	DATE
The foregoing instrument was acknowledged before me this day of,, by , who is	
, who is personally known by me or who presented as identification.	
Notary Name: Notary Signature: Commission Expiration Date:	
$\hfill\square$ I also designate the following person acting on my behalf to receive and	use my username and password to obtain this information:
Name:	Title/Office
Address:	_ Phone:
City/State/ZipEmail	·
You may deliver the form to our office, <u>fax(</u> 904) 255-3433 or scan and email to <u>lanas@coj.net</u> or <u>bbyles@coj.net</u> Upon verification, you will be queued to receive the daily vote by mail request information once the ballots are outbound. Ballots typically are mailed each business day in varying quantities. A username and password for access to Candidate File Distribution will be assigned and emailed to you.	FOR OFFICIAL USE ONLY Date received Username Password Date contacted
You will be notified when the vote by mail request information becomes available for each applicable election.	Call 904-255-3429 or 904-255-3416 if you need additional assistance.