

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

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If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

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Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

**Voter's mailing
address for ballot:**

(only if different than
home address)

_____ **City:** _____

State: _____ **Zip code:** _____ **Country, if outside US:** _____

Please update my **residential address** and/or my **mailing address** in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number:

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If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

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Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

- Spouse
- Parent
- Child

- Grandparent
- Grandchild
- Sibling

- Parent of voter's spouse
- Child of voter's spouse
- Grandparent of voter's spouse
- Grandchild of voter's spouse

- Sibling of voter's spouse
- Voter's legal guardian
- Designee for a voter with a disability

Designee's Signature: _____ **Date:** ____ / ____ / ____

The voter directly instructed me to make this request for them.

Vote-by-Mail Request Information

Important Dates:

Please note the initial mailing dates when making your request.

	Primary Election	General Election
Election Date	August 20, 2024	November 5, 2024
Initial Mail Date	July 11, 2024	September 26, 2024
Request Deadline	August 8, 2024	October 24, 2024

Ballot Mailing Address

If you plan to be away from your residential address during an election, please provide the ballot mailing address. Designate where you would like your ballot mailed for the specified election(s). Florida law prohibits vote-by-mail ballots from being forwarded or held by the post office.

Required Identification

Per F.S. 101.62 (1)(b) When requesting a vote-by-mail ballot, you must provide your FL Driver's License number, FL ID number, or the last 4 digits of your Social Security number.

Contact Information

By providing a phone number and/or email address, the Elections Office may contact you regarding your vote-by-mail ballot.

Designee's Information

Only complete if you are requesting a vote-by-mail ballot for an immediate family member, legal guardian or a voter with a disability.

Return Request Form

Complete, sign and return the request form to the Elections Office in person, by mail, fax, or email in a scanned attachment to votebymail@VoteIndianRiver.gov.

Indian River County Supervisor of Elections

4375 43rd Avenue, Vero Beach FL, 32967

P: (772) 226-4700 | F: (772) 770-5367

E: votebymail@VoteIndianRiver.gov



Track your Ballot

You can track the status of your vote-by-mail ballot at www.VoteIndianRiver.gov.