Vote by Mail Request Form

INDIAN RIVER COUNTY
SUPERVISOR of ELECTIONS
LESLIE ROSSWAY SWAN

Name: _____ **Date of Birth:** ____ / ____ / ____

Residential Address: _____

☐ Make this my new residence address (Only voter can request)

Alternate Ballot Mailing Address: _____

FL Driver's License #, FL ID #, or Last 4 of Social Security #: _____

Telephone: _____ (Optional) **Email:** _____ (Optional)

Election(s) Requested for:

Municipal Election 11/07/2023 Initial Mail Date: September 28, 2023 ☐ Residential Address ☐ Alternate Ballot Address	**Presidential Preference Primary Election 03/19/2024** Initial Mail Date: February 8, 2024 ☐ Residential Address ☐ Alternate Ballot Address	
Primary Election 08/20/2024 Initial Mail Date: July 11, 2024 ☐ Residential Address ☐ Alternate Ballot Address	**General Election 11/05/2024** Initial Mail Date: September 26, 2024 ☐ Residential Address ☐ Alternate Ballot Address	**All Elections Through 2024** ☐ Residential Address ☐ Alternate Ballot Address

Voter Signature: _____ **Date:** _____

Return
Mail: 4375 43rd Vero Beach, FL 32967
Email: votebymail@VoteIndianRiver.gov
Fax: 772-770-5367

Requester's Information (If requesting on behalf of an immediate family member or legal guardian)

Requestor Name: _____ **Relationship to Voter:** _____

Requestor Driver's License #, ID #, or Last 4 of Social Security #: _____

Requestor Address: _____

Requestor Signature: _____ **Date:** _____

Vote-by-Mail Request Information

Deadline

A request for a vote-by-mail ballot must be received at the Elections Office by 5 p.m. on the 10th day before the election.

Alternate Ballot Address

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

Requester's Information

Only complete if you are requesting a vote-by-mail ballot for an immediate family member or legal guardian. "Immediate family" means the designee's spouse or the parent, child, grandparent, grandchild, or sibling of the designee or of the designee's spouse.

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

Reminder

A vote-by-mail ballot may be requested for a specific election or for all elections through the end of the calendar year of the **next** regularly scheduled general election.

Ballots are Mailed

Vote-by-mail ballots are mailed to voters who have requested a ballot starting approximately 40 days before the election.

Track your Ballot

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