



# FLORIDA DEPARTMENT OF STATE-DIVISION OF ELECTIONS-

## APPLICATION TO ACCESS

### ABSENTEE BALLOT REQUEST INFORMATION

**Absentee ballot request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except to the following persons or entities who may obtain and use it for political purposes only:**

- 1) Canvassing board, 2) Election official, 3) Political party or official thereof, 4) Registered political committee, 5) Committee of continuous existence, 6) Candidate who has filed qualification papers and is opposed in an upcoming election, and 7) Voter (entitled only to access his or her own absentee ballot request information directly from Supervisor of Elections for county of residence).

For electronic access to absentee ballot request information posted on the Division of Elections' website as forwarded by the Supervisors of Elections, check the applicable authorization category and submit this completed form:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Canvassing Board</b><br><br><input type="checkbox"/> <b>An election official</b><br><br><input type="checkbox"/> <b>A political party or official thereof</b> | <input type="checkbox"/> <b>A candidate who has filed qualification papers and is opposed in an upcoming election</b><br><br><input type="checkbox"/> <b>Political Committee</b><br><br><input type="checkbox"/> <b>Committee of Continuous Existence</b> |
|---|---|

Requester's Name: \_\_\_\_\_ Title/Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Street address, city, state, zip code)

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

X \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF PERSON REQUESTING INFORMATION

I also designate the following person acting on my behalf to receive and use my username and password to obtain this information:

Name: \_\_\_\_\_ Title/Officer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
(Street address, city, state, zip code)

**Please submit completed form to:**

Attention: Y cwrw'Eqrwv'Grgevkpu  
 3115-B Crawfordville Highway, 32327  
 P.O. Box 305  
 Crawfordville, FL 32326

- A completed form may also be faxed in the interim to 850-926-8104.
- Call 850-926-7575 if you need further help.
- A username and password for electronic access will be assigned and mailed to you for State access.
- LOGIN AT: <https://doe.dos.state.fl.us/fvrscountyballotreports>

| FOR OFFICIAL USE ONLY |       |
|-----------------------|-------|
| <b>Date received:</b> | _____ |
| <b>Username:</b>      | _____ |
| <b>Password:</b>      | _____ |
| <b>Date called:</b>   | _____ |
| <b>Date mailed:</b>   | _____ |