

Holmes County Supervisor of Elections, Therisa Meadows

Before requesting a Vote-by-Mail ballot, it is important to know:

- ♦ Ballots are typically mailed to voters about 5 weeks prior to each election (when requested in advance).
- ♦ If you are an absent uniformed service voter, military dependent, or are overseas, you have the option of having your ballot mailed 45 days prior to an election and/or by email. Please contact us to submit your request if this applies.
- ♦ **The ballot cannot be held or forwarded by the US Post Office.** Please provide the address where you will be at this time. Returned undeliverable ballots will cancel your future ballot requests until a correct address is provided.
- ♦ This request can only be processed if all sections, 1 through 8, are completed on the form below. Print legibly.
- ♦ Your vote-by-mail ballot request must be received by the Elections Office no later than 5:00 pm 10 days prior to Election Day.
- ♦ A voted ballot must be received by the Elections Office no later than 7:00 pm on Election Day (exceptions may apply to overseas voters).
- ♦ The status of a voted ballot may be tracked online at **holmeselections.ballottrax.net/voter**.

Main Office:

Supervisor of Elections
Holmes County Courthouse
201 N. Oklahoma St., Ste 102
Bonifay, FL 32425
(850)547-1107 Phone
(850)547-4168 FAX
email: therisa@holmeselections.com

VOTE-BY-MAIL BALLOT REQUEST

OFFICIAL USE ONLY

Date received

FVRS No

1 Mark the election(s) for which you want to receive a Vote-by-Mail ballot:

- Primary Election (08/23/2022) ALL Eligible Elections (through 12/31/2022)
 General Election (11/08/2022) _____

2 _____ **3** _____
Last name First name Middle Suffix Date of birth (month/day/year)

4 _____ **5** _____
Voter's FL ID/FL Driver's License number or the last 4 digits of your Social Security number Voter's daytime phone number

6 _____
Voter's Holmes County RESIDENTIAL address (street, city, ZIP code) *Voter's signature is required for residential change of address.*

7 Address WHERE BALLOT WILL BE MAILED: _____

If you are requesting for an immediate family member with their approval, also complete this portion:

Requester's FULL name (first, middle, last, suffix) _____

Requester's FL ID/FL Driver's License or the last 4 digits of your Social Security number _____

Requester's address (street, city, state, zip) _____

Requester's daytime phone number _____

Required: Check your family relationship to the voter above:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> legal guardian |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse's parent |
| <input type="checkbox"/> Child | <input type="checkbox"/> Stepchild |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Spouse's sibling |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Spouse's grandchild |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Spouse's grandparent |

8  **SIGNATURE: X**

Date: _____