

ELECTION MATERIAL REQUEST SHEET

HOLMES COUNTY, FLORIDA

DATE: \_\_\_\_\_

REQUEST FOR: \_\_\_\_\_

(Name of organization, committee, candidate or individual)

PERSON DESIGNATED TO RECEIVE REQUEST: \_\_\_\_\_

(If Applicable)

PLEASE MAKE YOUR SELECTION FROM THE OPTIONS BELOW: (NOTE: All Vote-By-Mail voter information is exempt from F.S. 119.07(1) and available only to those specified in F.S. 101.62(3)).

\_\_\_\_ Printed Voter List (.15 per page)

\_\_\_\_ Voter List VIA EMAIL (No Charge) \_\_\_\_\_

Email Address

\_\_\_\_ Printed List of Vote-By-Mail Ballot Requests (see F.S. 101.62(3))(.15 per page)

\_\_\_\_ Vote-By-Mail Ballot Requests(see F.S. 101.62(3)) VIA EMAIL (No Charge) \_\_\_\_\_

Email Address

PLEASE MAKE YOUR SELECTION FROM THE OPTIONS BELOW:

PARTY SELECTION:

- \_\_\_\_ All Voters
- \_\_\_\_ Democrats
- \_\_\_\_ Republicans

PRECINCT SELECTION:

- \_\_\_\_ All Precincts
- \_\_\_\_ Precinct Number(s) \_\_\_\_\_
- \_\_\_\_ District Number(s) \_\_\_\_\_
- \_\_\_\_ Municipality \_\_\_\_\_

SORT OPTIONS:

- \_\_\_\_ Name
- \_\_\_\_ Name by Precinct
- \_\_\_\_ Address
- \_\_\_\_ Household

ADDRESS:

- \_\_\_\_ Mailing Address
- \_\_\_\_ Residence Address
- \_\_\_\_ Residence and Mailing Address
- \_\_\_\_ Vote-By-Mail Ballot Mailing Address

ADDITIONAL SORT OPTIONS:

- \_\_\_\_ Without Voter History
- \_\_\_\_ With Voter History

\_\_\_\_\_  
Signature of Candidate OR Person Authorized By  
Qualified Organization; Political Party; Committee

\_\_\_\_\_  
Signature of Person Receiving Material

FOR OFFICE USE:

Original Request Received \_\_\_\_\_

Update Request Received \_\_\_\_\_

Job date from \_\_\_\_\_ to \_\_\_\_\_

Date Requested for Receipt \_\_\_\_\_

Fee Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Note: Please Make Check Payable to Supervisor of Elections