

Returned VBM Data Request Form



Vote-by-mail ballot request information is confidential and exempt from public disclosure under Florida Statute 101.62(2), except to the following persons or entities that may obtain and use it for political purposes: voter requesting the ballot, a Canvassing Board, an election official, a political party or official thereof, a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees for political purposes only.

Check your qualifying category below:

- Candidate (Name of Candidate): _____
- Political Party official chair (Name of Political Party): _____
- Political Committee official chair (Name of Political Committee): _____

Please complete the following statement(s): I hereby swear or affirm that I am a person authorized by F.S.101.62(2) to receive this information.

Name: _____

Contact Number: _____ **Email:** _____

Signature: _____ **Date:** _____

I also grant the representative listed below permission to act as the authorized designee.

Designated Representative(s): ONLY ONE PERSON on behalf of a given Candidate, Political Party, or Political Committee is permitted to request Vote-by-Mail Ballot Data.

Name: _____ **Email:** _____

Signature: _____ **Date:** _____

Returned Vote-by-Mail Data Information

| Election | Report Type | Voter Status | Party | Municipality |
|------------------------------------|--|-------------------------------------|---|--|
| Year: ____ | <input type="checkbox"/> Returned, Voted | <input type="checkbox"/> All Voters | <input type="checkbox"/> All Parties | <input type="checkbox"/> Fellsmere |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Returned, Undeliverable | <input type="checkbox"/> Domestic | <input type="checkbox"/> Republican | <input type="checkbox"/> Indian River Shores |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Referred, No Signature | <input type="checkbox"/> Military | <input type="checkbox"/> Democratic | <input type="checkbox"/> Orchid |
| <input type="checkbox"/> General | <input type="checkbox"/> Referred, Signature Different | <input type="checkbox"/> Overseas | <input type="checkbox"/> No Party Affiliation | <input type="checkbox"/> Sebastian |
| <input type="checkbox"/> Special | *Each report is a separate list at a charge of \$15.00 per report. | | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Vero Beach |

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|--|
| Cost of List(s) |
| Total Number of List(s) _____ x \$15.00 per list |
| Total Amount Due \$ _____ |