



**Vote-By-Mail Ballot Request Form**  
 Indian River County Supervisor of Elections  
 4375 43<sup>rd</sup> Avenue, Vero Beach, FL 32967  
 Phone (772) 226-3440 | Fax (772) 770-5367  
 VoteIndianRiver.com

Voter's Name: \_\_\_\_\_

Voter's Registration Number or Date of Birth: \_\_\_\_\_

**Indian River County Residential Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: Florida Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please change my legal address on my voter Registration Record to the above residence address (check box if applicable).

**Ballot(s) Requested for:**

Primary Election 8/28/2018

All Elections through 2020

General Election 11/6/2018

*\*A vote-by-mail ballot request must be received by the Supervisor of Elections no later than 5:00 p.m. on the sixth day before the election. F.S. 101.62 (2)*

**Ballot Mailing Address** (if different than residential address)

*\*Florida law prohibits vote-by-mail ballots from being forwarded by the post office. F.S. 101.62 (4)(c)(1)*

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Use the above mailing address for the following elections:

Primary Election 2018

General Election 2018

All Elections through 2020

**Signature of voter/ requester:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requester's Information**

*\*Only an immediate family member or legal guardian may request a vote-by-mail ballot for a voter. F.S. 101.62(1)(b)*

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to the voter: \_\_\_\_\_

**Military, Military Dependent, and Overseas Citizen ONLY**

*\*Must provide out-of-county or overseas mailing address to be eligible for the delivery options below. F.S. 101.62(4)(c)(2)*

Email ballot to: \_\_\_\_\_ Fax ballot to: \_\_\_\_\_

**Free Access Notice:** To check the status of your vote-by-mail ballot, visit [VoteIndianRiver.com](http://VoteIndianRiver.com).