

Vote by Mail Request Form



Name: _____ Date of Birth: _____

Residential Address: _____
Make this my new residence address (Only voter can request)

Alternate Ballot Mailing Address: _____

FL Driver's License #, FL ID #, or Last 4 of Social Security #: _____

Telephone: _____ (Optional) Email: _____ (Optional)

Election(s) Requested for:

	Presidential Preference Primary Election 03/19/2024 Initial Mail Date: February 8, 2024 Residential Address Alternate Ballot Address	
Primary Election 08/20/2024 Initial Mail Date: July 11, 2024 Residential Address Alternate Ballot Address	General Election 11/05/2024 Initial Mail Date: September 26, 2024 Residential Address Alternate Ballot Address	All Elections Through 2024 Residential Address Alternate Ballot Address

Voter Signature: _____ Date: _____

Return
Mail: 4375 43rd Ave, Vero Beach, FL 32967
Email: votebymail@VoteIndianRiver.gov
Fax: 772-770-5367

Requester's Information (If requesting on behalf of an immediate family member or legal guardian)

Requestor Name: _____ Relationship to Voter: _____

Requestor Driver's License #, ID #, or Last 4 of Social Security #: _____

Requestor Address: _____

Requestor Signature: _____ Date: _____