Please send me a mail/absentee ballot for (check one):

☐ All elections for which I am eligible through 2014 ☐ Municipal & Special Districts, November 8, 2011

_____
Last Name First Name Middle Initial

_____/_____/___ (___)_____ _____
Date of Birth Phone Number Email Address

_____
Brevard County Residence Address

_____
Address to mail ballot to (if different from Brevard County residence address)

Important: Ballots may not be forwarded

_____
Voter's Signature Date

Your signature is very important. The signature on your mail/absentee ballot must match the signature on your voter's registration record. Please update your signature by completing a new voter's registration application.

Please complete if making a request for an immediate family member

Requestor's Name: _____

Requestor's Address: _____

Requestor's Driver's License Number (if available): _____

Requestor's Relationship to Voter: _____

Requestor's Signature: _____

Public Records: Per Florida Law, email addresses and/or phone numbers provided are public record. You may track the status of your mail/absentee ballot from the "Ballots by Mail" section of our website.

Lori Scott
Supervisor of Elections
BREVARD COUNTY

Mail to:
Post Office Box 410819, Melbourne, FL 32941-0819
or Fax to 321.637.5460

www.votebrevard.com

Rev 05/11