



Mail Ballot Request Form

Please send me a mail ballot for (check all that apply):

- 2019 Municipal and Special District Election
 All elections for which I am eligible through 2022

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

If making a request for an immediate family member, please complete this section with your information.

Requestor's Name: _____

Requestor's Address: _____

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

Requestor's Relationship to Voter: _____

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



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