

HERNANDO COUNTY VOTE-BY-MAIL ADDRESS AFFIDAVIT

****Note: This form should only be filled out if you are requesting your Ballot to be sent somewhere other than your Residential Address**

VOTER'S NAME: _____
LAST NAME FIRST NAME DATE OF BIRTH
PHONE # CELL # EMAIL ADDRESS

DRIVER'S LICENSE # OR LAST 4 OF SSN: _____

HOME ADDRESS: _____

MAIL BALLOT TO: _____

ELECTIONS: **CHECK THE BOX NEXT TO WHICH ELECTION(S) THIS VOTE-BY-MAIL ADDRESS AFFIDAVIT IS FOR:**

Primary 8/23/2022 General 11/8/2022

REQUESTER'S SIGNATURE: _____ DATE: _____

- *If you need assistance completing this form, please contact: **Shirley Anderson**, Hernando County Supervisor of Elections at (352) 754-4125*
- *Return your completed form by:*
 - **Mail:** Shirley Anderson, Hernando County Supervisor of Elections, 20 N. Main St., Rm. 165, Brooksville, FL 34601
 - **Fax:** (352) 754-4425
 - **Email:** elections@hernandovotes.com

FOR OFFICE USE ONLY: VOTER REG. #: _____ Entered by: _____ Checked by: _____

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