



SHIRLEY ANDERSON

HERNANDO COUNTY SUPERVISOR OF ELECTIONS

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HERNANDO COUNTY SUPERVISOR OF ELECTIONS APPLICATION TO ACCESS VOTE-BY-MAIL REQUEST INFORMATION

Vote-by-Mail request information is confidential and exempt from public disclosure under section 101.62(3), F.S., prior to 60 days before the Primary Election, and following 15 days after the General Election, except to the following persons or entities that may obtain and use it for political purposes only:

Canvassing Board Candidate Election Official Political Committee A Political Party or Official thereof

Requester's Name _____ Title/Office _____

Committee/Party Name _____

Address (City/State/Zip) _____ Phone _____

(Must have!) Email Address _____ Alternate Phone _____

I also designate the following person acting on my behalf to receive and use my username and password to obtain this information:

Name _____ Title/Office _____

Address _____ Phone _____

(Street Address, City, State, Zip) _____ Email _____

All Vote-By-Mail data requests must be placed using this form. Please mark all applicable boxes, print and sign. Notification will be sent to the Requester's Email when the order is ready. A login will be assigned to access files. Vote-By-Mail data is distributed in comma-delimited text format and according to the posted schedule.

Vote-By-Mail:	<input type="checkbox"/> Initial Vote-By-Mail Ballot Mailing	<input type="checkbox"/> Name of Election _____
	<input type="checkbox"/> Daily Vote-By-Mail Ballot Mailing Files	
Contest:	<input type="checkbox"/> ALL <input type="checkbox"/> DEM <input type="checkbox"/> REP <input type="checkbox"/> NPA <input type="checkbox"/> OTHER _____	
Notes:	_____	

I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire vote-by-mail request information.

X _____
Signature

Date

Complete, sign, and return form to:

Hernando County Supervisor of Elections
ATTN: Candidate Department
16264 Spring Hill Drive
Brooksville, FL 34604 — www.HernandoVotes.gov

Call 352-754-4125 if you need additional assistance. A username, password for electronic access and a link to the vote-by-mail portal will be assigned and emailed to you once the application has been verified and processed.

NOTE: Except for you username and password, all information on this form becomes a public record.

FOR OFFICIAL USE ONLY

Date Received _____

Username _____

Password _____

Date Contacted _____