

# 2024 VOTE-BY-MAIL REQUEST CARD

Information below is required

I would like to receive a vote by mail ballot for all elections for which I am eligible through 12/31/2024.

Name: \_\_\_\_\_

Date of Birth:

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Legal Residence: (no P.O. Box)

\_\_\_\_\_

\_\_\_\_\_

One of the following identification numbers are required

Florida Driver License # \_\_\_\_\_

Florida ID Card # \_\_\_\_\_

Last 4 of Social Security # \_\_\_\_\_

Mail Ballot to:

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

**VOTER  
MUST SIGN**



Date: \_\_\_\_\_

Place the request card in an envelope and return to 421 S Court St, Bronson FL 32621.