

Statewide Vote-By-Mail Ballot Request Form

(s. 101.62, F.S.)

To request a vote-by-mail ballot for yourself, complete only the top section.
To request a vote-by-mail ballot for someone who directly instructed you to do so, complete both sections.

Voter's Name: _____ **Voter's Date of Birth:** ____ / ____ / ____

Voter's Florida driver license (FL DL) or Florida identification (FL ID) card number:

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If no FL
DL or FL
ID, then
provide

last 4 digits of Social Security Number:

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Voter's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

**Voter's mailing
address for ballot:**

(only if different than
home address)

_____ **City:** _____

State: _____ **Zip code:** _____ **Country, if outside US:** _____

Please update my **residential address** and/or my **mailing address** in my voter record with the information listed above.

Phone number (optional): _____ Email address (optional): _____

This request is good for all elections through the end of the calendar year of the next general election. If you only want a ballot for specific elections, list them here: _____

Voter's Signature: _____ **Date:** ____ / ____ / ____
(not required if voter is an absent uniformed services voter or overseas voter, or if request is made by a designee)

You must also complete the section below if you are requesting a Vote-by-Mail Ballot for someone else.

Designee's Name: _____

Designee's Home Address: _____

City: _____ **State:** _____ **Zip code:** _____

Designee's driver license or identification card number:

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If no
DL or
ID, then
provide

last 4 digits of Social Security Number:

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Phone number (optional): _____ Email address (optional): _____

Designee's relationship to the voter:

Spouse
 Parent
 Child

Grandparent
 Grandchild
 Sibling

Parent of voter's spouse
 Child of voter's spouse
 Grandparent of voter's spouse
 Grandchild of voter's spouse

Sibling of voter's spouse
 Voter's legal guardian
 Designee for a voter with a disability

Designee's Signature: _____ **Date:** ____ / ____ / ____
The voter directly instructed me to make this request for them.

Coming Elections | Key Dates

August 20, 2024 – Primary Election (All Parties)

- **Voter registration deadline:** Mon., July 22
- Deadline to request a vote-by-mail ballot be mailed: Thur., Aug. 8, 5 p.m.
- **Early Voting:** Sat., Aug. 10 - Sun., Aug. 18
- Election day: Tues., Aug. 20: Polls open 7 a.m. – 7 p.m.; vote-by-mail ballots must be received in the elections office by 7 p.m.

2024 Election Schedule

- **Primary Election (All Parties):** Tues., Aug. 20
Registration deadline: Mon., July 22
- **General Election:** Tues., Nov. 5
Registration deadline: Mon., Oct. 7

THINGS TO KNOW

You may request a vote-by-mail ballot by completing this form and mailing it to the address at the bottom of the page, or emailing it to VoteByMail@SarasotaVotes.gov, or faxing it to 941.861.8617.

When requesting a vote-by-mail ballot, please remember the following:

- You must be registered to vote in Sarasota County by the registration deadline, 29 days before election day.
- A request for a ballot to be mailed must be received in the elections office by 5 p.m. on the 10th day before election day.
- Voted ballots must be received in the elections office by 7 p.m. on election day.
- Vote-by-mail ballots cannot be forwarded or held by the U.S. Post Office. If a ballot is returned to our office as undeliverable, all future requests may be canceled.
- You may track the status of your vote-by-mail ballot at SarasotaVotes.gov/VotebyMail.

Ron Turner, Supervisor of Elections, PO Box 4194, Sarasota FL 34230-4194, 941.861.8618

(Revised 11/2022)

Vote By Mail

Per [101.62, F.S.](#), vote-by-mail ballot requests are valid for all elections through the end of the calendar year of the next regularly scheduled general election. Select one of the options below to submit a vote-by-mail request through 2024.

Requesting Your Ballot

- Online using the [Mail Ballot Request Service](#)
- In person at any [elections office](#)
- By phone - 941.861.8618
- By mail or email
 - Request form in [English](#)
 - Formulario de solicitud en [Español](#)

Mailing Address:

Sarasota County Supervisor of Elections
P.O. Box 4194
Sarasota, FL 34230-4194



Voters with disabilities: Americans with Disabilities Act (ADA) accessible voting options are available to voters who are blind or with disabilities. Please call 941.861.8618 for assistance.