REQUEST TO REVIEW BALLOT MATERIALS AND AFFIDAVIT

(pursuant to 101.572 F.S. & 101.5614 F.S.)





City of Fort Pierce Special Election -November 4, 2025

CHECK APPLICABLE CATEGORY:

NAME:_

4132 Okeechobee Road • Fort Pierce, FL 34947-5412 • (772) 462-1500 • Fax (772) 462-1439

PHONE:

Pursuant to §101.572(2), F.S., a candidate, a political party official, or a political committee official, or an authorized designee thereof, shall be granted reasonable access upon request to review or inspect ballot materials before canvassing or tabulation. Pursuant to §101.5614(4)(a), F.S. upon request, a physically present candidate, a political party official, a political committee official, or an authorized designee thereof, must be allowed to observe the duplication of ballots upon signing an affidavit affirming his or her acknowledgment that disclosure of election results discerned from observing the ballot duplication process while the election is ongoing is a felony, as provided under §101.5614(8), F.S. For access to review or inspect ballot materials, submit the completed form to the Supervisor of Elections Office located at 4132 Okeechobee Road, Fort Pierce, FL 34947, or by email to elections@slcelections.com, 48 hours prior to the start of the selected meeting date(s).

_EMAIL:__

	Party Name/Position: Political Committee Official Party Name/Position: Political Committee Name/Position:		
AUTHORIZED DESIGN review or inspect the		pplicable, I also designate the representat	ive listed below to act on my behalf to
organization will repr committee official wi	resent you during each appointment Il be confirmed for an appointment ti ve will not confirm either of the appo	fill out a form for each authorized design time slot. Only one individual per candida me slot. That means that if more than one intment requests. Only those who receive	ate, political party official, or political person from a committee signs up for
AUTHORIZED DESIGNEE NAME:		EMAIL:	PHONE:
ACCESS REQUESTED	FOR (select which date(s) you OR you	ur authorized designee are requesting to	attend):
VBM Certificate an	d Who will attend	Duplication of Ballots	Who will attend
Signature Compariso	on‡ (only select one per date)	·	(only select one per date)
☐ 11/04/2025;	☐ I will attend; <u>OR</u>	☐ 11/04/2025; during the Canvassing	☐ I will attend; <u>OR</u>
2:00 pm - 3:00 pm	☐ Authorized Designee will attend	Board Meeting which begins at 3:00 pm	☐ Authorized Designee will attend
□ 11/06/2025;	☐ I will attend; <u>OR</u>	☐ 11/06/2025; during the Canvassing	☐ I will attend; <u>OR</u>
3:00 pm - 4:00 pm	☐ Authorized Designee will attend	Board Meeting which begins at 4:00 pm	☐ Authorized Designee will attend
verification will occur on e occur on each of the abov I hereby swear or aff the ballot materials	each of the above listed dates for the second e listed dates for the entire hour and throughous irm that I am a person authorized by requested above and affirm my ackr	ote-by-mail envelopes will occur on each of the about half-hour. Authorized observer review and inspect out the canvassing board meeting. Sections 101.572(2) and 101.5614(4)(a), howledgment that disclosure of elections a felony as provided under 101.5614(8).	tion of cure affidavits and other documents will Florida Statutes, to review or inspect results discerned from observing the
Signature:			te:
(Candidate, Po	olitical Party Official, or Political Committee Off	icial)	
Signature:	Designee of Candidate or Official if applicable)	Dat	e:
(Authorized L	resignee of Candidate of Official II applicable)		
	For Of	fficial Use Only - Date and Time Receive	d:
			rev 9/17/202