



ST. LUCIE COUNTY SUPERVISOR OF ELECTIONS APPLICATION TO OBTAIN VOTE-BY-MAIL INFORMATION REQUEST

Vote-by-Mail request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except to the following persons or entities who may obtain and use it for political purposes only:

- 1) Canvassing board, 2) Election official, 3) Political party or official thereof, 4) Registered political committee, 5) Candidate who has filed qualification papers and is opposed in an upcoming election and 6) Voter (entitled only to access his or her own Vote-by-Mail request information directly from Supervisor of Elections for county of residence).

Authorization for access is only valid for one general election cycle (i.e., the year in which the scheduled primary and general elections are held). Access automatically expires at the end of the calendar year in which issued. You will have to reapply to renew access (Rule 1S-2.043(3)(d), F.A.C.).

For electronic access to Vote-by-Mail request information, check the applicable authorization category and submit this completed form:

- | | |
|--|--|
| <input type="checkbox"/> Canvassing Board | <input type="checkbox"/> An election official |
| <input type="checkbox"/> A political party or official thereof | <input type="checkbox"/> A candidate who has filed qualification papers and is opposed in an upcoming election |
| <input type="checkbox"/> A registered political committee | |

Requestor's name: _____

Title/Officer: _____ Committee/Party Name: _____

Email: _____ Phone Number: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

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

X _____
SIGNATURE OF PERSON REQUESTING INFORMATION DATE

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

Name: _____ Title/Officer: _____

Address: _____

Phone Number: _____

Name: _____ Title/Officer: _____

Address: _____

Phone Number: _____

PLEASE SUBMIT COMPLETED FORM TO:

ATTENTION: Sherrie Williams
Gertrude Walker, Supervisor of Elections, Saint Lucie County
4132 Okeechobee Road
Fort Pierce, Florida 34947

- A completed form may also be faxed in the interim 772-462-1439.
- Call 772-462-5633 or 772-462-1117 if you need further assistance.

NOTE: All information on this form becomes a public record upon filing with the Supervisor of Elections pursuant to Florida Statute 101.62