BALLOT BY MAIL REQUEST FORM

THIS FORM MAY BE MAILED OR FAXED TO:
SHARON L. HARRINGTON, SUPERVISOR OF ELECTIONS
LEE COUNTY ELECTIONS CENTER, 13180 S CLEVELAND AVENUE,
FORT MYERS, FLORIDA 33907
FAX: 239-533-6913 OR CALL 239-533-6919

CHECK THE ELECTIONS REQUESTED DATE OF REQUEST:_____

____ALL ELECTIONS

____PRESIDENTIAL PREFERENCE PRIMARY (JANUARY 29, 2008)

____PRIMARY (AUGUST 26, 2008)

____GENERAL (NOVEMBER 4, 2008)

____ANY MUNICIPAL ELECTION I AM ELIGIBLE TO VOTE IN (SPRING 2008)

NOTE: THE POST OFFICE WILL NOT FORWARD BALLOTS

BALLOTS WILL BE MAILED 3-4 WEEKS PRIOR TO EACH ELECTION, PLEASE PROVIDE THE ADDRESS YOU WILL BE RESIDING AT DURING THIS TIME

Send Ballot To: Registration No.:_____

_____
Last Name First Name Middle

_____
Date of Birth Drivers License # or Last 4 digits of SS # Phone Number

_____
Address

_____
City State Zip Code

IF YOU ARE REQUESTING A BALLOT FOR SOMEONE ELSE COMPLETE THE PORTION BELOW

NAME:_____

ADDRESS:_____

DRIVERS LICENSE#:_____

RELATIONSHIP TO VOTER:_____SIGNATURE:_____