



WALTON COUNTY ELECTIONS

APPLICATION TO ACCESS ABSENTEE BALLOT REQUEST INFORMATION

REPORTS

Absentee ballot request information IS confidential and exempt under section 101.62(3). Florida Statutes, with one exception. The following specified persons or entities are statutorily authorized to obtain this information for political purposes only: 1) the canvassing board, 2) an election official, 3) a political party or official thereof, 4) a candidate who has filed qualification papers and is opposed in an upcoming election, 5) registered political committees, and 6) committees of continuous existence. The Division of Elections receives and posts daily reports of absentee ballot request information as received from Supervisors of Elections during election periods on their website www.election.dos.state.fl.us

To obtain electronic access to absentee ballot request information please mark the applicable authorization that applies and complete the following:

- | | |
|--|--|
| <input type="checkbox"/> Canvassing Board | <input type="checkbox"/> A candidate who has filed qualification papers AND is opposed in an upcoming election |
| <input type="checkbox"/> An election official | <input type="checkbox"/> Political Committee |
| <input type="checkbox"/> A political party or official thereof | <input type="checkbox"/> Committee of Continuous Existence |

(NOTE: A voter requesting access to his or her own absentee ballot request information must contact the Supervisor of Elections.)

Name: _____ Title/Officer: _____

Address: _____ Phone No.: _____
(Street address, city, state, zip code)

I affirm that. I am a person authorized by Section 101.62(3) Florida Statues, to acquire this information.

X _____
SIGNATURE OF PERSON REQUESTING INFORMATION DATE

I authorize _____ to pick up absentee information for me.

Please mail completed form to:

Supervisor of Elections
571 US Hwy 90 East, Suite 102
DeFuniak Springs, FL 32433

Form may be faxed in the interim to
850-892-8113 Call 850-892-8112
if you require additional assistance.

For Official Use Only	
Date received:	_____
Date completed	_____ By _____