

# Walton County Supervisor of Elections, Bobby Beasley



## Before requesting a Vote-by-Mail ballot, it is important to know:

- ◆ Ballots are typically mailed to voters about 5 weeks prior to each election (when requested in advance).
- ◆ If you are an absent uniformed service voter, military dependent, or are overseas, you have the option of having your ballot mailed 45 days prior to an election and/or by email. Please contact us to submit your request if this applies.
- ◆ **The ballot cannot be held or forwarded by the US Post Office.** Please provide the address where you will be at this time. Returned undeliverable ballots will cancel your future ballot requests until a correct address is provided.
- ◆ This request can only be processed if sections, 1 through 8 and 10, are completed on the form below. Print legibly.
- ◆ Your vote-by-mail ballot request must be received by the Elections Office no later than 5:00 pm 10 days prior to Election Day.
- ◆ A voted ballot must be received by the Elections Office no later than 7:00 pm on Election Day (exceptions may apply to overseas voters).
- ◆ The status of a voted ballot may be tracked online at **votewalton.gov**.

### Main Office:

Walton County Courthouse  
571 US Hwy 90 East, Ste 102  
DeFuniak Springs, FL 32433  
**(850)892-8112 Phone**  
(850)892-8113 FAX  
email: LRINKER@VOTEWALTON.GOV

### Branch Office:

Walton County Courthouse Annex  
31 Coastal Centre Blvd, Ste 300  
Santa Rosa Beach, FL 32459  
(850)622-0744 Phone  
(850)622-1291 FAX

## VOTE-BY-MAIL BALLOT REQUEST

### OFFICIAL USE ONLY

Date received

FVRS No

1 Mark the election(s) for which you want to receive a Vote-by-Mail ballot:

- Primary Election (08/23/2022)       ALL Eligible Elections (through 12/31/2022)  
 General Election (11/08/2022)       \_\_\_\_\_

2 Last name First name Middle Suffix      3 Date of birth (month/day/year)

4 Voter's FLORIDA DRIVER'S LICENSE/FL ID number      5 last 4 digits of your Social Security number      6 Voter's daytime phone number

7 Voter's Walton County RESIDENTIAL address (street, city, ZIP code) *Voter's sig. is required for residential change of address.*

8 Address WHERE BALLOT WILL BE MAILED:

\_\_\_\_\_  
\_\_\_\_\_

9 Check the box if the following statement is true:

- I have a qualifying disability under the Americans with Disabilities Act and want to mark my ballot using the remote ballot marking system in order to mark my ballot independently. Deliver my ballot to me at the following email address:

If you are requesting for an immediate family member with their approval, also complete this portion:

Requester's FULL name (first, middle, last, suffix) \_\_\_\_\_  
Requester's FLORIDA Driver's License/FL ID \_\_\_\_\_ last 4 digits of your Social Security number \_\_\_\_\_  
Requester's address (street, city, state, zip) \_\_\_\_\_  
Requester's daytime phone number \_\_\_\_\_

Required: Check your family relationship to the voter above:

- |                                      |                                               |
|--------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Spouse      | <input type="checkbox"/> legal guardian       |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Spouse's parent      |
| <input type="checkbox"/> Child       | <input type="checkbox"/> Stepchild            |
| <input type="checkbox"/> Sibling     | <input type="checkbox"/> Spouse's sibling     |
| <input type="checkbox"/> Grandchild  | <input type="checkbox"/> Spouse's grandchild  |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Spouse's grandparent |

10  SIGNATURE: **X**

Date: \_\_\_\_\_