



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 all sections, 1 through 9, 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 _____ 3 _____
 Last name First name Middle Suffix Date of birth (month/day/year)

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

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

8 Address WHERE BALLOT WILL BE MAILED: _____

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 |

9 **SIGNATURE: X** _____ Date: _____