



Joe Scott, Supervisor of Elections
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(954) 357-VOTE • www.browardvotes.gov

VOTE-BY-MAIL DATA REQUEST FORM

Authorization Categories

For electronic access to the Vote-By-Mail database, check the applicable authorization category that applies:

Canvassing Board Member

Election Official

Political Party or official thereof

A candidate who has filed qualification papers and is opposed in an upcoming election

Registered Political Committee

Requestor Information

Full Name:

Committee/Party Name:

Address:

City, State Zip Code:

Email Address:

Phone Number:

Election Requested:

Party Affiliation(s):

Affirmation

By signing, I affirm that I am a person authorized by [Florida Statute Section 101.62\(3\)](#), to acquire Vote-By-Mail ballot request information.

Signature:

Date: