



SHIRLEY ANDERSON

HERNANDO COUNTY SUPERVISOR OF ELECTIONS

20 N. Main St. • Rm. 165
Brooksville, FL 34601

P: 352.754.4125 • F: 352.754.4425

P (352) 754-4125 - F (352) 754-4425 - www.HernandoVotes.com

HERNANDO COUNTY SUPERVISOR OF ELECTIONS APPLICATION TO ACCESS VOTE BY MAIL REQUEST INFORMATION

Vote by mail request information is confidential and exempt from public disclosure under section 101.62(3), Florida Statutes, except to the following persons or entities that may obtain and use it for political purposes only:

1) Canvassing Board, 2) Election Official, 3) Political Party or Official thereof, 4) Registered Political Committee, 5) Candidate who has filed qualification papers and is opposed in an upcoming election, and 6) Voter (entitled to his or her own vote by mail request information directly from Supervisor of Elections for county of residence).

For electronic access to vote by mail request information posted on the Hernando County Supervisor of Elections Portal, check the applicable authorization category and submit this completed form:

Election Cycle _____

Canvassing Board Candidate Election Official Political Committee A Political Party or Official thereof

Requester's Name _____ Title/Office _____

Committee/Party Name _____

Address (City/State/Zip) _____ Phone _____

(Must have!) Email Address _____ Alternate Phone _____

I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire vote by mail request information.

X _____
SIGNATURE OF PERSON REQUESTING INFORMATION DATE

I also designate the following person acting on my behalf to receive and use my username and password to obtain this information:

Name _____ Title/Office _____
Address _____ Phone No. _____
(Street address, city, state, zip) Email _____

Please return completed application to:
Hernando County Supervisor of Elections
ATTN: Candidate Department
20 N. Main Street, Room 165
Brooksville, FL 34601

Call 352.754.4125 if you need additional assistance. A username, password for electronic access and a link to the vote by mail portal will be assigned and emailed to you.

Note: Except for your username and password, all information on this form becomes a public record.

FOR OFFICIAL USE ONLY
Date received _____
Username _____
Password _____
Date contacted _____



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Requester's Name _____ Title/Office _____

Select One:

- Initial Mail Ballot Request Only
- All Mail Ballot Request Made During Election Cycle, "Daily" (Initial Mail Drop and Daily Mail Drops)

Select Election(s):

Primary

General

Special

Additional Notes:
