



# 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](http://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 \_\_\_\_\_ Print 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:

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