



SUPERVISOR OF ELECTIONS HIGHLANDS COUNTY

APPLICATION TO OBTAIN ABSENTEE BALLOT REQUEST INFORMATION

Florida law requires each supervisor of elections to record the date an absentee ballot request was made, the date an absentee ballot was delivered to the voter or the voter's designee or the date an absentee ballot was delivered to the post office or other carrier, the date an absentee ballot was received by the supervisor, and such other information he or she may deem necessary. This information is to be provided in electronic format, updated and made available by the supervisor of elections no later than noon of each day. This information is also to be made available contemporaneously to the Division of Elections.

Under section 101.62(2), Florida Statutes, absentee ballot information is confidential and exempt pursuant to section 119.07(1), Florida Statutes, with a limited exception. Such information shall only be available, upon request, to the voter requesting the ballot, a canvassing board, an election official, a political party or official thereof, a candidate who has filed qualification papers and is opposed in an upcoming election, and registered political committees for political purposes only.

To obtain absentee ballot request information from the Highlands County Supervisor of Elections, you must be an authorized individual or entity. Please mark the applicable authorization that applies to you:

- | | |
|--|---|
| <input type="checkbox"/> Canvassing Board | <input type="checkbox"/> A candidate who has filed qualification papers and is opposed in an upcoming election. |
| <input type="checkbox"/> An election official | |
| <input type="checkbox"/> A political party or official thereof | <input type="checkbox"/> Political Committee |

Name: _____ Title/Officer: _____

Address: _____
(Street address, city, state, zip code)

Phone No.: _____ Email Address: _____

By signing below, I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire the absentee ballot request information.

X _____
SIGNATURE OF PERSON REQUESTING INFORMATION DATE