



Application to Obtain Vote by Mail Ballot Request Information

Vote by mail ballot request information is confidential and exempt from public disclosure under section 101.62(2), Florida Statutes, except to the following persons or entities who 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 only to access his or her own vote by mail ballot request information directly from Supervisor of Elections for the county of residence). Authorization for access is only valid for one general election cycle (i.e., the year in which the scheduled primary and general elections are held). Access automatically expires at the end of the calendar year in which issued. You will have to reapply to renew access (Rule 1S2.043(3)(d), F.A.C.).

You will be given access to ShareFile via the email you provide below, and will be responsible for maintaining your password in a safe manner, including not sharing it with unauthorized individuals. Doing so may result in revocation of your access to ShareFile. VBM data will be provided daily by 8:00am and will include data through 5:00pm of the previous day. VBM data will be available starting June 19 through November 18 in your appointed ShareFile account. You will receive an email within 24 hours of signing this form with your log in information.

Request Application

Authorization Categories

For electronic access to vote by mail ballot request information, check the applicable authorization category and submit this completed form:

- Canvassing board
- A political party or official thereof
- A candidate who has filed qualification papers and is opposed in an upcoming election.
- An election official
- Political committee

Full Name _____
 Email _____

Office _____
 Phone# _____

I authorize the following individual(s) to have access on my behalf:

Full Name _____
 Full Name _____

Email _____
 Email _____

Affirmation

I affirm that I am authorized by Section 101.62(2), Florida Statutes, to acquire vote-by-mail ballot request information.

Applicant Signature _____

Date _____