

Lisa Lewis
Supervisor of Elections
County of Volusia



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Certification of Eligibility For Vote-By-Mail Requests

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

Requester's Name (Print Name)

Signature

Email Address and Phone Number(s)

Select the applicable authorization category:

- Candidate who has filed qualification papers and is opposed in an upcoming election
 Political Party or Official thereof
 Registered Political Committee

I also designate the following person(s) on my behalf to receive and use this information:

Name	Email Address	Telephone #
Name	Email Address	Telephone #
Name	Email Address	Telephone #
Name	Email Address	Telephone #
Name	Email Address	Telephone #

Sworn to and subscribed before me, this _____ day of _____, 20_____

Supervisor of Elections Staff Member's Signature