



# SHIRLEY ANDERSON

HERANDO COUNTY SUPERVISOR OF ELECTIONS

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## HERANDO 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), F.S., prior to 60 days before the Primary Election, and following 15 days after the General Election, except to the following persons or entities that may obtain and use it for political purposes only:

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 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 \_\_\_\_\_

(Street Address, City, State, Zip) \_\_\_\_\_ Email \_\_\_\_\_

All Vote-By-Mail data requests must be placed using this form. Please mark all applicable boxes, print and sign. Notification will be sent to the Requester's Email when the order is ready. A login will be assigned to access files. Vote-By-Mail data is distributed in comma-delimited text format and according to the posted schedule.

|                      |  |   |
|----------------------|--|---|
| <b>Vote-By-Mail:</b> | <input type="checkbox"/> Initial Vote-By-Mail Ballot Mailing   | <input type="checkbox"/> Name of Election _____ |
|                      | <input type="checkbox"/> Daily Vote-By-Mail Ballot Mailing Files   |   |
| <b>Contest:</b>      | <input type="checkbox"/> ALL <input type="checkbox"/> DEM <input type="checkbox"/> REP <input type="checkbox"/> NPA <input type="checkbox"/> OTHER _____ |   |
| <b>Notes:</b>        | _____  |   |

I affirm that I am a person authorized by Section 101.62(3), Florida Statutes, to acquire Vote-By-Mail request information.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete, sign, and return form to:

Hernando County Supervisor of Elections  
ATTN: Candidate Department  
16264 Spring Hill Drive  
Brooksville, FL 34604 — [www.HernandoVotes.gov](http://www.HernandoVotes.gov)

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 once the application has been verified and processed.

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 \_\_\_\_\_