



# Holmes County Supervisor of Elections, H. Russell 'Rusty' Williams

## Before requesting a Vote-by-Mail ballot, it is important to know:

- ♦ Ballots are typically mailed to voters about 5 weeks prior to each election (when requested in advance).
- ♦ If you are an absent uniformed service voter, military dependent, or are overseas, you have the option of having your ballot mailed 45 days prior to an election and/or by email. Please contact us to submit your request if this applies.
- ♦ **The ballot cannot be held or forwarded by the US Post Office.** Please provide the address where you will be at this time. Returned undeliverable ballots will cancel your future ballot requests until a correct address is provided.
- ♦ This request can only be processed if all sections, 1 through 8, are completed on the form below. Print legibly.
- ♦ Your vote-by-mail ballot request must be received by the Elections Office no later than 5:00 pm 10 days prior to Election Day.
- ♦ A voted ballot must be received by the Elections Office no later than 7:00 pm on Election Day (exceptions may apply to overseas voters).
- ♦ The status of a voted ballot may be tracked online at [holmeselections.ballottrax.net/voter](https://holmeselections.ballottrax.net/voter).

### Main Office:

Supervisor of Elections  
 Holmes County Courthouse  
 201 N. Oklahoma St., Ste 102  
 Bonifay, FL 32425  
**(850)547-1107 Phone**  
 (850)547-4168 FAX  
 email: [rusty@holmeselectionsfl.gov](mailto:rusty@holmeselectionsfl.gov)

## VOTE-BY-MAIL BALLOT REQUEST

### OFFICIAL USE ONLY

Date received

FVRS No

**1** Mark the election(s) for which you want to receive a Vote-by-Mail ballot:

- Pres.Pref.Primary Election(03/19/2024)*  *General Election (11/05/2024)*  
 *Primary Election (08/20/2024)*  *ALL Eligible Elections(through 12/31/2024)*

**2** \_\_\_\_\_ **3** \_\_\_\_\_  
 Last name First name Middle Suffix Date of birth (month/day/year)

**4** \_\_\_\_\_ **5** \_\_\_\_\_  
 Voter's FL ID/FL Driver's License number or the last 4 digits of your Social Security number Voter's daytime phone number

**6** \_\_\_\_\_  
 Voter's Holmes County RESIDENTIAL address (street, city, ZIP code) *Voter's signature is required for residential change of address.*

**7** Address WHERE BALLOT WILL BE MAILED: \_\_\_\_\_  
 \_\_\_\_\_

### If you are requesting for an immediate family member with their approval, also complete this portion:

Requester's FULL name (first, middle, last, suffix)

Requester's FL ID/FL Driver's License or the last 4 digits of your Social Security number

Requester's address (street, city, state, zip)

Requester's daytime phone number

### Required: Check your family relationship to the voter above:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Spouse      | <input type="checkbox"/> legal guardian       |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Spouse's parent      |
| <input type="checkbox"/> Child       | <input type="checkbox"/> Stepchild            |
| <input type="checkbox"/> Sibling     | <input type="checkbox"/> Spouse's sibling     |
| <input type="checkbox"/> Grandchild  | <input type="checkbox"/> Spouse's grandchild  |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Spouse's grandparent |

**8**  **SIGNATURE: X** \_\_\_\_\_ Date: \_\_\_\_\_