

Absentee Ballot Request Form

All lines are required to be filled in.

Voter Information

Voter's First Name: _____

Voter's Last Name: _____

Voter's Birth Date (mm/dd/yyyy): _____

Broward County Residence (No P.O. Box): _____

Voter's Apt, Lot or Unit Number: _____

Voter's City: _____ Zip: _____

Mail Ballot to: (If different from above)

Street Address: _____

Apt, Lot or Unit: _____

City: _____ State: _____ Zip Code: _____

This request is valid for one (1) registered voter. If you are a qualified and registered voter, ballots will be mailed only for the elections checked. Absentee ballots are mailed approximately 30 days prior to each election to those voters who have requested an absentee ballot.

Mailing to
Broward County Supervisor of Elections
115 South Andrews Ave
Room 102
Fort Lauderdale, FL 33301