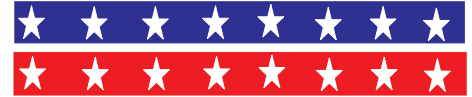




ABSENTEE BALLOT REQUEST

[F.S. 101.62(1)(B)]



VOTER INFORMATION

(Please PRINT)

Voter Name _____ Date of Birth ____ / ____ / ____
(Last Name) (First Name) (Middle) (Mo) (Day) (Year)

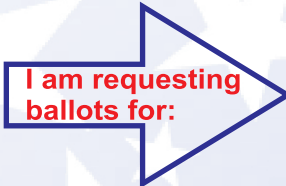
Voter's PERMANENT Gilchrist County RESIDENCE Address: _____

Phone: (____) ____ - _____

Voter's PERMANENT Mailing Address:

Mail My Ballot to the DIFFERENT Address, indicated below:

Date: ____ / ____ / ____



- Primaries
- General
- City
- All

Signature of Voter

**PLACE
FIRST CLASS
POSTAGE
HERE**
Post Office
will not deliver
mail without
postage

**CONNIE D SANCHEZ
SUPERVISOR OF ELECTIONS
112 S MAIN ST RM 128
TRENTON FL 32693-3249**