

Date: _____

**REQUEST FOR ABSENTEE BALLOT
DONNA BRYANT
SUPERVISOR OF ELECTIONS
P.O. BOX 420759
KISSIMMEE FL 34742-0759**

- Election: All elections that apply
 Municipal Election City of St. Cloud – March 21, 2006
 Municipal Runoff Election City of St. Cloud – April 25, 2006
 Primary Election – September 5, 2006
 General Election - November 7, 2006
 Special Election (If Necessary)

Per F.S. 101.62; A request for an absentee ballot to be mailed must be received no later than 5:00 p.m. on the sixth day before an election or your ballot will not be mailed.

Name: _____ Date of Birth: _____

Residence Address: _____

Mailing Address: _____

Address where Absentee Ballot is to be mailed:

Home Phone: _____ Work Phone: _____

Voter's Signature: _____

ATTENTION: All information must be completed. Your absentee ballot request will not be processed if incomplete.