

I have moved!

Please change my
Voter Registration Information

My new voter registration information is

Name _____

Date of Birth _____

Residence Address _____

Mailing Address _____

Please update my signature on file

Voter Signature _____

To return this form

Mail to
Lori Edwards
Supervisor of Elections
P.O. Box 1460
Bartow, FL 33831

Or fax to
863-534-5899

Or deliver to
Election Headquarters
250 S. Broadway Avenue
Bartow, FL

*Para asistencia en Español, por favor de llamar al
(863) 534-5888*

Important Information to Protect your **PRIVACY**



Protect your Privacy!

People who are employed in certain occupations, and their families, can request that their personal information be kept confidential.

If you are a current, or former member of the occupations listed, and would like to keep your residence address private, please complete the attached form, sign it and mail, fax or deliver to Election Headquarters in Bartow.

Although we must have your actual physical residence address to assign your precinct, that data will not be viewable in the computer database or on the precinct register.

Please provide us with the mailing address at which you would like to receive your voter identification card and other important information.

If you, your spouse or child is a registered voter and qualify under Chapter 119.071 (2)(j), (4)(d) and (5)(i), 265.605, and 267.17, FS, you may request certain information be exempt from public record. Read the statute to see if you qualify. If you do, complete the form below and return to Election Headquarters in Bartow at the address or fax number shown on the back of this form.

(Please print)

NAME OF VOTER _____ DATE OF BIRTH _____

I hereby request exemption for the person named above due to being a CURRENT or FORMER (check applicable category)

- | | |
|---|---|
| <input type="checkbox"/> Code Enforcement Officer | <input type="checkbox"/> Judge - District Court of Appeal, Circuit Court and County Court, or justice of the Florida Supreme Court. |
| <input type="checkbox"/> County Tax Collector* | <input type="checkbox"/> Judicial or quasi-judicial officer* (general and special magistrate, judge of compensation claims, administrative law judge of the Division of Administrative Hearings, and child support enforcement hearing officer) |
| <input type="checkbox"/> Department of Business and Professional Regulation- investigators and inspectors* | <input type="checkbox"/> Juvenile probation officer or supervisor, detention superintendent, assistant thereto, juvenile or senior juvenile detention officer or supervisor, house parent, supervisor thereof, group treatment leader, supervisor thereof, rehabilitation therapist, and Dept. of Juvenile Justice social services counselor |
| <input type="checkbox"/> Department of Children and Family Services personnel whose duties involve investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities | <input type="checkbox"/> Law enforcement personnel including correctional officers and correctional probation officers |
| <input type="checkbox"/> Department of Health personnel whose duties support the investigations of child abuse or neglect, determination of benefits, or the investigation or prosecution of health care practitioners. | <input type="checkbox"/> Prosecutor (state attorney, assistant state attorney, statewide prosecutor, assistant statewide prosecutor) |
| <input type="checkbox"/> Department of Health personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health.* | <input type="checkbox"/> Public defenders criminal conflict and civil regional counsel and assistants to all of the above |
| <input type="checkbox"/> Department of Revenue personnel or local government personnel whose duties relate to revenue collection and enforcement or child support enforcement. | <input type="checkbox"/> Servicemembers who served in armed forces, reserve forces, and National Guard after 9/11/2001* |
| <input type="checkbox"/> Donor or prospective donor* to the Cultural Endowment Program Trust Fund, Citizen Support Organizations or National Historic Landmarks (publicly owned houses) | <input type="checkbox"/> U.S. Attorney or Assistant Attorney, U.S. appellate judge, U.S district court judge and U.S. magistrate* |
| <input type="checkbox"/> Firefighter certified in compliance with 633.408, F.S. | <input type="checkbox"/> Victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence [Attach official verification that a crime occurred. 5-year exemption. Contact the Attorney General's Office (850-414-3990) on eligibility for separate Address Confidentiality Program. See FS 741.465]. |
| <input type="checkbox"/> Guardian ad litem* | |
| <input type="checkbox"/> Human resource, labor or employee relations director or assistant, manager or assistant manager of a local government agency or water management district (whose duties include hiring and firing employees, labor contract negotiation, administration or other personnel-related duties). | |
| <input type="checkbox"/> Impaired practitioner consultants whose duties result in determination of a person's skill and safety to practice a licensed profession.* | |

* By signing below, you certify the reasonable efforts made to protect information from being publicly accessible by other means.

Voter's Signature (required)

Date

Florida Law requires you to keep your address current with the Elections Office, even if you are requesting confidentiality. If you have moved since you registered to vote, please indicate your new address on the back of this form. We will use your residence address to assign a precinct only. We will mail your voter ID card to your mailing address.

Please see back page for address or fax number to return this form

