



P.O. Box 1460  
Bartow, FL 33831-1460

Vertical lines for postage marking.



*For more information, call or e-mail:*  
Phone: (863) 534-5888 • Fax: (863) 845-2718

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

[votebymail@polkelections.com](mailto:votebymail@polkelections.com)

250 South Broadway Avenue • Bartow, FL 33830

Place  
Postage  
Here



**PolkElections.com**

# Vote By Mail

## WHO CAN VOTE BY MAIL?

If you are a registered voter in Polk County, you are entitled to vote by mail.

## REQUESTING A MAIL BALLOT

A mail ballot can be requested in person, by mail, by phone or by e-mail.

**To request online:** PolkElections.com

**To request by e-mail:** [votebymail@polkelections.com](mailto:votebymail@polkelections.com)

**To request by phone:** (863) 534-5888

## DEADLINE FOR REQUESTS

A request for a ballot to be mailed must be received by 5:00 pm, the Wednesday before the election.



## OBTAINING YOUR MAIL BALLOT

- **Be Sure** the Supervisor of Elections has your correct address.
- **Mail Ballots** cannot be forwarded.

## RETURNING YOUR MAIL BALLOT

Vote-by-mail ballots **MUST** be returned to the Supervisor of Elections by 7:00 pm Election Day.

**A voted mail ballot cannot be accepted at the polling location.**

## SIGNATURE UPDATE

If your signature has changed, please send an update to the Supervisor of Elections. Your signature on file will be used to verify your signature on your returned ballot certificate envelope.

Please separate this form at the perforation, add postage and mail.

### VOTE-BY-MAIL BALLOT REQUEST FOR POLK COUNTY ELECTIONS

**Request for a ballot to be mailed must be received by 5:00 pm, the Wednesday before the election.**

**Voter Request** - Florida law requires all of the requested information in this box be completed.

Last Name (please print)		First Name		MI		Suffix	
Polk County Residence Address						Apt / Lot / Unit	
City				Zip			
Is this an address change? <input type="checkbox"/> Yes <input type="checkbox"/> No				Today's Date			
Date of Birth							

**Mail Ballot to:**

Address \_\_\_\_\_ Apt / Lot / Unit \_\_\_\_\_

City / State / Zip \_\_\_\_\_

**Please provide a ballot for:**  
 All Elections through 2020  All Elections through 2022

**Voter's Signature Required.**  
 X Signature is required!

Phone Number \_\_\_\_\_ Birthdate (required) \_\_\_\_\_

