

Tammy Jones
LEVY COUNTY
SUPERVISOR OF ELECTIONS

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Accessible Vote-By-Mail Ballot Request Form

If you'd like to receive an ADA Accessible Ballot for the election cycle, please provide us with the information below. Complete and return this form by:

- Mail to 421 S Court St, Bronson, FL 32621.
- Fax to 352-486-5163.
- Email to jordan@votelevy.gov.

Voter Information

Voter Name		Date of Birth
Residence Address <small>Include City, State and Zip</small>		
Mailing Address (If different) <small>Include City, State and Zip</small>		
Florida Driver License, Florida Identification Card Number or Last 4 of Social Security Number		
Email	Phone	

By signing below, I confirm that I am a voter with a disability. I understand that my electronic ballot must be printed by me andFor more information, call [\(352\)486-5163](tel:3524865163) or email at jordan@votelevy.gov. submitted to my local election's official, no later than 7:00 p.m. Election Night. I understand casting my electronic ballot, that my selections will be transferred onto an official ballot for tabulation.

Signature	Date
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