Request to Inspect Vote By Mail Ballots F.S. 101.572

to Election Day and cont	ons office will begin reviewing inue daily. Reasonable access st. You will be contacted once	will be granted f	<u> </u>
		_	llation, including voter certificates gnatures, duplicate ballots, and
Check the applicable aut	horization category:		
☐ Candidate ☐	Political Committee Official	Politic	cal Party Official
 ONLY ONE PERSON on inspect ballot materials Date/Time of Inspection 	behalf of each Candidate, Politica at each appointment.	al Party, or Politica	ide the designated review areas. I Committee is permitted to review or pard Timeline published on the
	2024 3:00-4:00 PM 03/2		
Requester's Name:			
Title/Officer:	·····		-
Email Address:		_ Phone No.:	
above mentioned vote by X	-	DATE	tutes, to access and review the
Name:			_
Title/Officer:			
Email Address:		_ Phone No.:	
Please submit completed 830 West 11 th Street Pan	form to: candidates@bayvote ama City, FL. 32401	esfl.gov OR	
To Be Completed By Ele Date Request Received: _ SOF Deputy Approval: (Date	