**1S-2.055 Vote-by-Mail Requests**

(1) Forms. The following form is hereby incorporated by reference and available from the Division of Elections, R.A. Gray Building, Room 316, 500 South Bronough Street, Tallahassee, Florida 32399-0250, by contact at (850)245-6200, or by download from the Division’s webpage at: https://dos.myflorida.com/elections/forms-publications/forms/forms-incorporated-in-rule/:

(a) Form DS-DE 160 (eff. \_\_\_/23) ([http://www.flrules.org/Gateway/reference.asp?No=Ref-~~15839~~](http://www.flrules.org/Gateway/reference.asp?No=Ref-15839) 16307), entitled “Statewide ~~statewide~~ Vote-by-Mail ~~vote~~-~~by~~-~~mail~~ Request ~~request~~ Form.”

(b) Written requests must be made using Form DS-DE 160. Only Form DS-DE 160 is valid for written requests.

(2) Definitions. For purposes of section 101.62(1), F.S., the following definitions apply:

(a) “Immediate family” means a voter’s spouse, parent, child, grandparent, grandchild, or sibling, or the parent, child, grandparent, grandchild, or sibling of the voter’s spouse.

(3) Requests for Vote-by-Mail Ballots

(a) Requests must be made by the voter or, if designated by the voter, a member of the voter’s immediate family or the voter’s legal guardian, notwithstanding (4)(a), (4)(b) and (4)(c) below.

(b) Requests may be submitted in person, in writing ~~(including via email with Form attached)~~, by telephone, or through a supervisor’s website.

(c) Requests must be accepted if the voter or the voter’s designee provides the following information pursuant to section 101.62(1)(b), F.S.:

1. The voter’s name.

2. The voter’s residential address, and mailing address where the voter would like the ballot mailed, if different than residential address.

3. The voter’s date of birth.

4. The voter’s Florida driver license number, Florida identification card number, or the last four digits of the voter’s social security number, whichever may be verified in the supervisor’s records.

5. The designee’s name.

6. The designee’s address.

7. The designee’s driver license number, ~~Florida~~ identification card number, or the last four digits of the requester’s social security number.

8. The designee’s relationship to the voter.

9. The voter or designee’s signature, as applicable (written requests only).

(d) The voter shall receive a vote-by-mail ballot for all elections through the end of the calendar year of the next regularly scheduled general election, unless the request indicates it is being made for one or more specific elections within such period.

(4) Vote-by-Mail Requests for Voters Who Require Assistance

(a) A voter who requires assistance to request a vote-by-mail ballot because of his or her disability or inability to read or write may directly instruct a person of the voter’s choice (other than the voter’s employer or agent of that employer or officer or agent of the voter’s union) to request a vote-by-mail ballot for the voter.

(b) A supervisor of elections shall accept a request for a vote-by-mail ballot from a person (other than the voter’s employer or agent of that employer or officer or agent of the voter’s union) designated by a voter who is disabled or unable to read or write. A request may be made in person, in writing ~~(including via email with Form attached)~~, by telephone, or through the supervisor’s website.

(c) For purposes of this rule, the term “disability” includes, but is not limited to, blindness.

*Rulemaking Authority: § 97.012(1)-(2), (9), Fla. Stat.; § 101.62(1)(a), Fla. Stat.; § 101.62(6), Fla. Stat.; § 101.662, Fla. Stat. Law Implemented: § 97.061, Fla. Stat; § 101.051(3), Fla. Stat.; § 101.62(1)(a), Fla. Stat.; § 101.62(6), Fla. Stat.; § 101.662, Fla. Stat. History—New \_-\_-23.*