

OATH FOR ACQUISITION OF LIST OF VOTE-BY-MAIL VOTERS

I hereby swear or affirm that I am a person authorized by section 101.62(3), Florida Statutes, to acquire a list of the vote-by-mail voters of Polk County, Florida; that the lists acquired will be used only for the purposes prescribed in said section and for no other purpose; and that I will not permit the use or copying of such list by persons not authorized by Elections Code of the State of Florida to use such list.

(Signature)

(Print Name)

Sworn to and subscribed before me, the Supervisor or Deputy Supervisor of Elections of Polk County, this _____ day of _____, 20_____.

Signature of Supervisor or Deputy Supervisor of Elections or Notary Public

***** PLEASE NOTE *****
If you are signing this form away from the Elections Office, please have your signature notarized. You may fax it to (863) 845-2718 or email after it has been notarized.

(Candidate's Phone)

(E-mail Address)

I, _____ authorize the following person(s) to pick-up or receive voter information on my behalf:
(Candidate's Name)

(Main Contact Person)

(Phone)

(E-mail Address)

Deputy Supervisor of Elections contact:

Laura Hayes
Phone: (863) 534-5888
Fax: (863) 845-2718
Email: laurahayes@polkelections.com

Office Use Only

- ____ Government Agency
- ____ Candidate
- ____ Registered Political Committee
- ____ Municipalities