

## Request to Inspect Election Materials and Corresponding Comparison Signatures

## **Observer Information**

Name:					
Date of Birth:			Voter ID Number:		
	ntial Address:				
Phone Number:			Email Address:		
		Organization I	nformatio	n (select one)	
I am a:					
	Candidate <sup>1</sup> for the office of				
☐ Political party² official of the political party:					
	Political committee <sup>3</sup> official committee:	l of the			
I am an	authorized designee of:				
	Candidate <sup>1</sup> :		for	the office of:	
	Political party <sup>2</sup> official:		of t	of the party:	
	Political committee <sup>3</sup> official:		of t	of the committee:	
Please attach documentation establishing your credentials.					
				r signatures at the following observation period(s):	
	7.7 7 . 1			Thursday, August 1, 1 p.m.	
	7. 0 , 1			Thursday, August 8, 1 p.m.	
	Monday, August 12, 1 p.m			Thursday, August 15, 1 p.m.	
	Saturday, August 17, 8:45 a			Monday, August 19, 8:45 a.m.	
	Tuesday, August 20, 8:45 a			Tuesday, August 20, 3 p.m.	
	Tuesday, August 20, 6:30 p	.m.		Thursday, August 22, 1 p.m.	
☐ Friday, August 23, 8 a.m.  We must receive your request no later than noon on the day before the inspection period will occur. This gives us time t					
staff the	e inspection period. If you d	o not show up withir	n 15 minutes a	after the start of the inspection period, we will cand future requests you may have made.	
1	, 1	1	,		
You can	n submit this request by ema	il to Vote@LeonVot	es.gov, in per	son at the Elections Center at 2990-1 Apalachee	
Parkwa	y, or by mail to PO Box 735	7, Tallahassee, FL 32	314-7357.		
1 Must b	be a qualified candidate in the	alection			
	be a quaimed candidate in the be a registered political party in				

<sup>&</sup>lt;sup>3</sup> Must be a registered political committee in Florida