



ELECTIONS DEPARTMENT
APPLICATION TO REQUEST ACCESS TO BALLOT MATERIALS

Under section 101.572(2), Florida Statutes, a candidate, a political party official, or a political committee official, or an authorized designee thereof, shall be granted reasonable access upon request to review or inspect ballot materials before canvassing or tabulation, including voter certificates on vote-by-mail envelopes, cure affidavits, corresponding comparison signatures, duplicate ballots, and corresponding originals.

To request access to review or inspect ballot materials, please mark the applicable authorization that applies to you and indicate the name of the person or political entity for which you are requesting this information in the space below:

- Candidate
Political Party Official
Political Committee Official

Name of candidate, political party official, or political committee official requesting this information:

Requester's Name: \_\_\_\_\_

Requester's Title: \_\_\_\_\_

Address: \_\_\_\_\_
(Street address, city, state, zip code)

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

By signing below, I hereby swear or affirm that I am a person authorized by Sections 101.572(2) and 101.5614(4)(a) Florida Statutes, to review or inspect this information and will not disclose election results discerned from observing the ballot duplication or other election processes while the election is ongoing.

X \_\_\_\_\_
SIGNATURE OF PERSON REQUESTING INFORMATION DATE

I also designate the following person acting on my behalf to request access:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_
(Street address, city, state, zip code)

Email: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_
SIGNATURE OF PERSON AUTHORIZING DESIGNEE SIGNATURE OF DESIGNEE

Please send completed form to: Miami-Dade County Elections Department – Records Management
2700 NW 87th Avenue, Miami, FL 33172, or email: RECREQELEC@miamidadecounty.gov