



Lisa Lewis

**Supervisor of Elections
County of Volusia**

Request to Review Ballot Materials

I, _____, certify that I am authorized pursuant to section 101.572(2), Florida Statute, to observe the inspection of ballot materials based on my status below:

I am a **Candidate** _____

I am a **Political Party Official** _____
(Name of Political Party)

I am a **Political Committee Official** _____
(Name of Political Committee)

I am an **Authorized Designee Thereof*** _____
(Name of Candidate, Political Party, or Political Committee)

**A Candidate or official must also submit a written signed designation to the Supervisor of Elections.*

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

Signature: _____ Date: _____

I designate the representative listed above to act on my behalf to review or inspect this information.

Authorized Designee Thereof: ONLY ONE PERSON on behalf of a given Candidate, Political Party, or Political Committee is permitted to review or inspect ballot materials at each appointment.

NAME: _____

Signature: _____ Date: _____

Access to mail ballot materials under F.S. 101.572(2), must be requested 48 hours in advance.