

VOTE-BY-MAIL CURE AFFIDAVIT – INSTRUCTIONS AND FORM

This affidavit is for a voter who returns a vote-by-mail ballot certificate that does not include the voter's signature or whose signature does not match the voter's signature on file. F.S. 101.68(4)

1. INSTRUCTIONS

Read these instructions carefully before completing the affidavit. Failure to follow these instructions may cause your ballot not to count. In order to ensure that your vote-by-mail ballot will be counted, your affidavit should be completed and returned as soon as possible so that so it can reach the Dixie County Supervisor of Elections Office **NO LATER THAN 5 p.m. on the second day after the election.** You must:

- Complete and sign the affidavit below – sign on the line above “(Voter’s Signature)”**
- Make a copy of one of the following forms of identification (ID):**

Tier 1 identification – Current and valid ID that includes your name and photograph: Florida driver license; Florida identification card issued by the Department of Highway Safety and Motor Vehicles’ United States passport; debit or credit card; military, student, retirement center, neighborhood association, or public assistance ID; veteran health ID card issued by U.S. Department of Veterans Affairs; Florida license to carry a concealed weapon or firearm; or employee ID card issued by any branch, department, agency, or entity of the Federal Government, the state, a county, or a municipality.

OR if you do not have one of the above forms of ID use one of these instead:

Tier 2 identification – ID that shows your name and current residence address: current utility bill; bank statement; government check; paycheck; or government document (excluding voter information card).

- Return this completed affidavit and the copy of your ID to the Supervisor of Elections**
 - Deliver in person or by someone else to our office at 229 NE 351 Hwy, Suite A, Cross City, Florida – (Across from the Courthouse),
 - Fax or email to our office: **Fax: (352) 498-1218, E-mail: elections@dixievotes.com** or
 - Mail, if time permits, completed affidavit and identification to the address below:

**DIXIE COUNTY, SUPERVISOR OF ELECTIONS
PO BOX 2057
CROSS CITY, FL 32628**

Remember, your information **MUST** reach your county supervisor of elections **no later than 5 PM on the second day after the election**, or your ballot will not count. If you have any questions or concerns, please contact the **Dixie County, Supervisor of Elections Office: (352) 498-1216**

2. VOTE-BY-MAIL BALLOT CURE AFFIDAVIT

I, _____, am a qualified voter in this election and
(print voter’s name)

registered voter of DIXIE County, Florida. I do solemnly swear or affirm that I requested and returned the vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, vote a fraudulent ballot, or vote more than once in an election, I may be convicted of a felony of the third degree and fined up to \$5,000 and imprisoned for up to 5 years. I understand that my failure to sign this affidavit means that my vote-by-mail ballot will be invalidated.

(Voter’s Signature)

Voter’s Street Address (Residential)

City, State, Zip