

# 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:

Tamesha Jones  
Phone: (863) 534-5888  
Fax: (863) 845-2718  
Email: [info@polkelections.com](mailto:info@polkelections.com)

**Office Use Only**

- \_\_\_\_ Government Agency
- \_\_\_\_ Candidate
- \_\_\_\_ Registered Political Committee
- \_\_\_\_ Municipalities