

Certification for Request to Review or Inspect Ballot Materials

F.S. 101.572(2), F.S. 101.5614(4)(a)

Election:
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 votes certificates on vote-by-mail envelopes, cure affidavits, corresponding comparison signatures, duplicate ballots, and corresponding originals.
Upon request, a physically present candidate, a political party official, a political committee official, or an authorized designee thereof, must be allowed to observe the duplication of ballots upon signing an affidavit affirming his or helecknowledgment that disclosure of election results discerned from observing the ballot duplication process while the election is ongoing is a felony, as provided under F.S. 101.5614(8).
For access to review or inspect ballot materials from the Supervisor of Elections, check the applicable authorization category and submit this completed form. I am:
☐ A Candidate
\square A Political Party Official (As Designated by the Party)
☐ A Political Committee Official (Chairperson or Treasurer)
Please complete the following statement(s) as applicable: 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.
Name (Print): Phone Number:
Candidate, Political Committee, or Party Name:
Position (i.e. Candidate, Treasuer, Chairperson, etc.):
Email Address:
Signature (required): Date:
also designate the representative(s) listed below to act on my behalf to review or inspect this information.
Designated Representative(s): ONLY ONE PERSON on behalf of a given Candidate, Political Party, or Political Committees spermitted to review or inspect ballot materials at each appointment.
Name (print):
Signature (of designee required): Date:
Please Attach Additional Pages as Necessary)

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