Request to Inspect Election Materials & Corresponding Comparison Signatures								
Observer Information								
Name								
Date of Birth	e of Birth					Voter ID Number		
Residential Address								
Phone Number		E-Mail Address						
Organization Information (select one)								
I am a:								
Candidate ¹ for the Office of:								
Political Party	al of the Pol	itical Party						
Political Committee ³ Official of the Committee								
I am an Authorized Designee of:								
Candidate				For the Office of				
Political Party	Officia	icial			Of the Party			
Political Comn	nittee (Official			Of the Committee			
Please attach documentation establishing your credentials.								
Inspection Period								
I am requesting to inspect election materials and corresponding voter signatures at the following observation period(s):								
🔲 Friday, Oct	Friday, October 18, 2024, 10:00 am – 10:45 am							
Thursday,	Thursday, October 24, 2024, 10:00 am – 10:45 am							
□ Monday, October 28, 2024, 10:00 am – 10:45 am								
Friday, November 1, 2024, 10:00 am – 10:45 am								
We must receive requests no later than 48 hours prior to inspection. This will give our team time to staff the inspection period. If a party does not show within 15 minutes after the start of the reserved inspection period, the request to view will be cancelled. Please complete a separate form for each requested date.								
You may submit this request by email to villane@SantaRosa.fl.gov, in person or by mail at the Election Office located at 6495 Caroline Street, Suite F, Milton, FL 32570.								
¹ Must be a Qualified Candidate in the Election. ² Must be a Registered Political Party in Florida. For use in Santa Rosa County F.S. 101.572 (2) 10/2024								

³ Must be a Registered Political Committee in Florida.

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