Request to Inspect Election Materials & Corresponding Comparison Signatures Observer Information							
Name							
Date of Birth	Voter ID Number						
Residential Address							
Phone Number	hone Number			E-Ma	E-Mail Address		
Organization Information (select one)							
l am a:							
□ Candidate ¹ for the Office of:							
Political Party ² Official of the Political Party							
Political Committee ³ Official of the Committee							
I am an Authorized Designee of:							
Candidate	For the Office of						
Political Party Official					Of the Part	y	
Political Committee 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):							
□ Tuesday, August 6, 2024, 11:00 am – 11:45 am							
□ Friday, August 9, 2024, 3:00 pm – 3:45 pm							
□ Friday, August 16, 2024, 11:00 am – 11:45 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. ³ Must be a Registered Political Committee in Florida.							