

## Request to Review Ballot Materials F.S. 101.572(2), F.S. 101.5614(4)(a) for the City of Alachua Elections to be held April 9, 2024.

authorization category and submit t	ot materials from the Supervisor of Electic his completed form to cdelesdernier@alad I5 North Main Street, Suite 300, Gainesvil	chuacounty.us or drop this
Candidate Political Par	ty Official: Politic	cal Committee Official: N/A
	(Political Party)	(Political Committee)
	e person authorized pursuant to Section of designee listed below to review or inspec	
Name: (print)	Date of Birth:	
Email:	Phone:	
Address:	City, State, Zip:	
Signature:	Date:	
Name: Phone: Email Address:	candidate or political pa	nust be completed by the authorized rty.  see must complete the section to the left.
Signature:	Date:	
have received confirmation from our The Alachua County Supervisor of E	e made at least 48 hours in advance. Your office.  Elections will be overseeing the ballot reformer of the part of	eview process for the City of Alachua
the review of ballot materials for the		<b></b>
What information are you requesting	g to review (be specific)?	

All ballot reviews for the City of Alachua Election will be conducted at the Alachua Supervisor of Elections Office located at 515 North Main Street, Suite 100, Gainesville, Florida 32601.

This form becomes public records when submitted to the Supervisor of Elections Office.