

**Declaration to Secure Assistance**

**(PEO) (If "Assistance Required" is indicated in Register this section is not required)**

**F.S. 101.051 Electors seeking assistance in casting ballots; oath to be executed; forms to be furnished.** (1) Any elector applying to vote in any election who requires assistance to vote by reason of blindness, disability, or inability to read or write may request the assistance of two election officials or some other person of the elector's own choice, other than the elector's employer, an agent of the employer, or an officer or agent of his or her union, to assist the elector in casting his or her vote.

**State of Florida County of Bay**

Date \_\_\_/\_\_\_/20\_\_\_ Precinct # \_\_\_ I, (Voter Print name) \_\_\_\_\_,

swear or affirm that I am a registered elector and request assistance from *(Differing Party Affiliations)*

(PEO/Print names) \_\_\_\_\_,

in voting at the (name of election) \_\_\_\_\_ held on (date of election) \_\_\_/\_\_\_/20\_\_\_

**F.S. 97.061 Special registration for electors requiring assistance.** (1) Any person who is eligible to register and who is unable to read or write or who, because of some disability, needs assistance in voting shall upon that person's request be registered under the procedure prescribed by this section and shall be entitled to receive assistance at the polls under the conditions prescribed by this section.

YES Or  NO Make "Assistance Required" part of my permanent Voter Registration Record.

Signature of voter \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Signature of Official Administering Oath (PEO)

**(Non- PEO) (Always required if someone other than PEO's are Assisting)**

**F.S. 101.051(5)** If an elector needing assistance requests that a person other than an election official provide him or her with assistance in voting, the clerk or one of the inspectors shall require the person providing assistance to take the following oath:

**State of Florida County of Bay**

Date \_\_\_/\_\_\_/20\_\_\_ Precinct # \_\_\_ I, (Print name per assisting) \_\_\_\_\_,

have been requested by (Print name of elector needing assistance) \_\_\_\_\_

to provide him or her with assistance to vote. I swear or affirm that I am not the employer, an agent of the employer, or an officer or agent of the union of the voter and that I have not solicited this voter at the polling place or early voting site or within 100 feet of such locations in an effort to provide assistance.

Signature of assistor \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Signature of Official Administering Oath (PEO)