



Voting Restoration Amendment Volunteer Signature Collection Cover Sheet

Please return this cover sheet along with all completed petitions.

YOUR name	
YOUR phone number	
YOUR e-mail address	
YOUR organization or congregation (if applicable)	

How many petitions are you submitting	
Date you are submitting these petitions	
County (1 cover sheet per county)	
Approximately how much time you spent collecting petitions	
Other comments/questions	

Please check that each petition has all of the required information
<input type="checkbox"/> The voter's name (as it appears on their voter registration card) <input type="checkbox"/> The voter's address (including city, zip and county); <input type="checkbox"/> The voter's date of birth OR voter registration number (only need one) <input type="checkbox"/> The voter's signature <input type="checkbox"/> The date the voter signed the petition, as recorded by the voter

Please return this cover sheet and your petitions as soon as possible to:

**Floridians for a Fair Democracy, Inc.
3000 Gulf-to-Bay Blvd., Suite 503, Clearwater, FL 33759**

Pd. Pol. Adv. Paid for by Floridians for a Fair Democracy, Inc., 3000 Gulf-to-Bay Blvd., Suite 503, Clearwater, FL 33759.

We will fill out this box
Complete petitions # _____
Incomplete petitions # _____
County _____
<input type="checkbox"/> Followed up with collector
Processed by (initials) _____