Please Provide Completed Form To:
Legislative Staff at the Meeting.
or
Email to: mydistrictbuilder@myfloridahouse.gov
and redistrictflorida@flsenate.gov,
or
Fax to (850) 487-6413

Florida Redistricting Suggestion Form

By submitting this form, I acknowledge that my comments and suggestions may be displayed on www.floridaredistricting.org and www.flsenate.gov/redistricting or other public websites maintained by the Florida Legislature. Note: the entirety of this form is public record.

*Field is required.

Prefix _____ *First Name _____ *Last Name _____ Suffix _____

Organization Name (If applicable)_____

*Your Address _____ *City _____ *State _____ *Zip _____

Your County _____ Your Email _____

*What type of map are you commenting on? ❑ Congressional ❑ State House ❑ State Senate

*Would you like to receive email updates regarding Florida Redistricting? ❑ Yes ❑ No

Please provide detailed comments regarding your redistricting suggestion or request.

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