



Please Provide Completed Form To:
help@floridaredistricting.gov



House Committee on Redistricting
402 House Office Building
402 South Monroe Street
Tallahassee, FL 32399-1300

Senate Committee on Reapportionment
2000 The Capitol
404 South Monroe Street
Tallahassee, FL 32399-1100

*Field is required.

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

Organization Name (if applicable) _____

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

*Your County _____ Your Email _____

*Your Phone Number _____

*Have you received compensation or anything of value (travel, meals, lodging, etc.) from any groups or organizations that have an interest in redistricting as part of, or in exchange for, your comments, suggestions, or map?

[] YES [] NO

If YES, please list what you received and who provided it to you below:

List the name of every person(s), group(s), or organization(s) you collaborated with on your comment, suggestion, or submitted map below:

By submitting this form, I acknowledge and agree to the following terms and conditions:

[] YES, I understand that my comments, suggestions, or map submission may be displayed on www.FloridaRedistricting.gov or other public websites maintained by the Florida Legislature.

[] YES, I understand that my communications with the Florida Legislature, including this form and any submitted materials, are subject to public records laws in Florida.

[] YES, I understand that I may be contacted by a member of the legislature or their staff to answer questions about my comments, suggestions, or map submission.

[] YES, I understand that similar to other pieces of legislation, input and ideas from members of the public must be proposed by Legislators in order to become part of bills or amendments.

The Florida Legislature acknowledges the importance of transparency throughout the entire redistricting process. By engaging in the redistricting process – through comments, suggestions, or map submissions – it is possible your detailed communications and submissions may be included, reviewed, and examined in all steps of the legislative process until, and even after, new district maps are enacted into law.

*Your Signature

*Date

Please provide detailed comments regarding your suggestion. Florida’s redistricting plans must be drawn and approved in alignment with Florida’s constitutional standards and federal law.

*If you are submitting a map, please select the Plan Type and provide the unique Plan Number included in your Submission Receipt email: _____

Plan Type: [] Congressional [] State House [] State Senate

*If you are submitting comments or suggestions about a plan already published at www.FloridaRedistricting.gov, please provide the name of the plan: _____

Details: _____

