



Please Provide Completed Form To:

House Select Committee on Redistricting
selectcommitteeonredistricting@myfloridahouse.gov
Mail to: Select Committee on Redistricting
418 The Capitol
402 South Monroe Street
Tallahassee, FL 32399-1300

Florida Congressional Redistricting Suggestion Form

By submitting this form, I acknowledge that my comments and suggestions may be displayed on www.floridaredistricting.org or other public websites maintained by the Florida Legislature.

Note: the entirety of this form is a public record.

*Field is required.

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

Organization Name (If applicable) _____

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

Your County _____ Your Email _____

*May we follow up with you if we have questions about your suggestion? NOTE: In accordance with the Florida Supreme Court’s ruling regarding political intent, answering NO may prevent your suggestion from be considered by the House.

Yes No

*Are you a part of any political groups or organizations that have an interest in redistricting?

Yes No

*If Yes, Please list them below:

*If you are submitting a comment, is your suggestion solely your own?

Yes No

*If you are submitting a drawn map, was the map drawn solely by you?

Yes No

*If you answered NO to either of the previous two questions, Please list the name of every person you collaborated with on your suggestion or map:

Please provide detailed comments regarding your suggestion, including why you feel your suggestion is a lawful change to the Florida Congressional District Map. Comments should be able to provide a non-partisan and incumbent-neutral justification for the proposed configuration of each district and how the proposal satisfies all of the constitutional and statutory criteria applicable to a Congressional redistricting plan.

Please use the map below to demonstrate what your comments reflect. (Optional)



State of Florida