Application For Vote by Mail Ballot

Please type or print clearly in ink. All information required unless marked optional.

1

I hereby apply for a Mail-In Ballot for:

(CHECK ONLY ONE)

❒ ALL FUTURE ELECTIONS, until I request otherwise in writing.

Or for ONLY ONE of the following: ❒ General (November)

❒ Primary (June) ❒ Municipal ❒ School ❒ Fire

❒ Special _____ To be held on ___/___/___
(Specify) (MM / DD / YYYY)

MILITARY/OVERSEAS VOTER ONLY

I request Vote-By-Mail Ballots for all elections in which I am eligible to vote and I am **(CHECK ONLY ONE)**

❒ A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent.
❒ A U.S. Citizen residing outside the U.S. and I intend to return.
❒ A U.S. Citizen residing outside the U.S. and I do not intend to return.
❒ A U.S. Citizen residing outside the U.S. and I have never lived in the U.S.

PLEASE NOTE: Your ballot can only be sent to the mailing address supplied on this application. If your mailing address changes, you must notify the County Clerk in writing.

2

Last Name (Type or Print)	First Name (Type or Print)	Middle Name or Initial	Suffix (Jr., Sr., III)

3

Address at which you are registered to vote:

Street Address or RD# | Apt.

Municipality (City/Town) | State | Zip

4

Mail my ballot to the following address:

❒ Same Address as Section 3

Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)

5 Date of Birth (MM / DD / YYYY) ___/___/___

6 Day Time Phone Number ( )

7 E-Mail Address

PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.

8 **Signature:** I affirm that I am the person who is applying for this ballot and I live at the address designated in box 3 of this form. X _____

9 Today's Date (MM / DD / YYYY) ___/___/___

OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE

10

Assistor: *Any person providing assistance to the voter in completing this application must complete this section.*

Name of Assistor (Type or Print) | Signature of Assistor X | Date (MM / DD / YYYY)

Address | Apt. | Municipality (City/Town) | State | Zip

11

Authorized Messenger: *Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters per election, except that an authorized messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.*

I designate _____ **to be my Authorized Messenger.**
Print Name of Authorized Messenger

Address of Messenger | Apt. | Municipality (City/Town) | State | Zip | Date of Birth (MM / DD / YYYY)

Signature of Voter X _____ Date (MM / DD / YYYY) ___/___/___

STOP Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.

"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."

Signature of Messenger X _____ Date (MM / DD / YYYY) ___/___/___

OFFICE USE ONLY

Voter Reg # _____

Muni Code # _____ Party _____

Ward _____ District _____