## APPLICATION FOR VOTE BY MAIL BALLOT

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Applicant's Name				For Election Authority's Use Only		
Street Address			•	Ballot Style:		
				Voter ID:		
City, State, Zip						
County	County			For Election Judge's Use Only		
Date of Birth*				Initials:		
Phone Number*				Voter's Consecutive Number:		
Email*				(Primary Only) I red	quest a ballot for the:	
To be voted at the		Election		Check here if you would like a nonpartisan		
Date of Election				ballot (referenda or	nly)	
Precinct						
*Optional information; even though	n this is not required, providing it may	aid in the processing of your ballot	J			
days or more preceding wish to vote by vote by n I hereby make a ballot or ballots to the copostmarked no later than is the 14th day following a I understand the in this application and the subsequent election.	application for an official bat official issuing the same part election day, for counting election day. The application is made that I must submit a separate as as provided by law pursua	wfully entitled to vote in sallot or ballots to be voted rior to the closing of the no later than during the part of the application for an official vote by mail the application for an official vote application for an official vote by mail the application for an official vote by the application for a policy by the application for a policy by the application for a policy by	by me at a polls on period for a ballot or bal	such election, and I agrathe date of the election counting provisional ballots to be voted by mail ballots or ballots	ee that I shall return such or or, if returned by mail, llots, the last day of which the at the election specified to be voted by me at any	
Signature of Applicant				Today's Date		
					1	
А	ddress to which ballot					

## **IMPORTANT:**

You must return the completed and signed application to the election authority with jurisdiction over your registration.

Mail To:

should be mailed: (if different from above)