


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) <input type="checkbox"/> ALL FUTURE ELECTIONS, until I request otherwise in writing. Or for ONLY ONE of the following: <input type="checkbox"/> General (November) <input type="checkbox"/> Primary (June) <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire <input type="checkbox"/> 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) <input type="checkbox"/> A Member of the Uniformed Services or Merchant Marine on active duty, or an eligible spouse or dependent. <input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I intend to return. <input type="checkbox"/> A U.S. Citizen residing outside the U.S. and I do not intend to return. <input type="checkbox"/> 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: <input type="checkbox"/> 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 (Optional)	
8	Signature Please sign your name as it appears in the Poll Book. 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 _____ Date (MM / DD / YYYY) _____ X 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. 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)					
	<div> 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 _____ Date (MM / DD / YYYY) _____ X _____ / /</div>					
	OFFICE USE ONLY Voter Reg # _____ Muni Code # _____ Party _____ Ward _____ District _____					