

APPLICATION FOR ABSENTEE BALLOT BY MAIL ONLY For Election on

State Form 47090 (R9/11-09) Indiana Election Commission (IC 3-11-4-2; 3-11-4-5.1; 3-11-10-24)

(ABS-2)

INSTRUCTIONS: Complete and return this application so that it is received by your county election board at least 8 days before election day. NOTE: Certain voters who registered by mail are required to provide additional personal identification documentation before voting an absentee ballot by mail. Contact your county voter registration office for information if you think this requirement may apply to you. The primary election choice boxes may be deleted for a general election. DEADLINE DATES: For the May 4, 2010 Primary Election, the Deadline for the county to receive this application is MONDAY, APRIL 26, 2010 BY MIDNIGHT. For the November 2, 2010 General Election, the Deadline for the county to receive this application is MONDAY, OCTOBER 25, 2010 BY MINDNIGHT (THIS FORM CAN BE MAILED, FAXED, OR HAND-DELIVERED.)

To the county election	board:					
		1. INFORMATION OF				
Name (please print)			Date of Birth (mm.	n/dd/yy)		OPT (Indiana issued driver's license number, OR if voter se, provide last 4 digits of social security number)
			,	,	(optional)	e, provide last 4 digits of social security number)
Registration Address (number an	ad atra atl		// City/Town, State,	7ID Codo	(optional)	Talanhana Number (Day)
Registration Address (number an	a street)		City/Town, State,	ZIP Code		Telephone Number (Day)
2. A	BSENTEE BALLOT MAILING A	DDRESS (Please mail the absente	e ballot for the elec	tion to me at this	address if different from regist	ration address)
Mailing Address (number and str	eet)		City/Town, State,	ZIP Code	-	•
If this application is for a PRIMA	RY ELECTION, check the political	Il party ballot that you are requesting:	☐ DEMOCRAT	IC REPUBL	ICAN OR	ard Only AND/OR Public Question Only
		3. REASON TO VO			_	
☐ I have a specific, reasonable exp	ectation of being absent from the	e county on election day during the	☐ Lam a voter a	it least 65 years of	ane	
entire 12 hours that the polls are		booting on blootion day during the		•	outside of my voting precinct.	
☐ I will be confined to my residence	e, a health care facility, or a hos	pital due to illness or injury during	<u> </u>			the collection 40 houses that the could be seen
the entire 12 hours that the polls	are open.					the entire 12 hours that the polls are open.
☐ I will be caring for an individual		due to illness or injury during the		o vote at the polls in rs the polls are ope		religious discipline or religious holiday during the
entire 12 hours that the polls are					r the "fail-safe" procedures in IC 3	3-10-11 or 3-10-12.
I am a voter with disabilities. NO	I E: If you are unable to mark the locurity election board to process y		☐ I am an addr	ess confidentiality	program participant in the progra	m administered by the Indiana Attorney General
om orepo, you must comust use to	carry crossion wear a to proceed y	car approaucin	under IC 5-26			,
			I am a memb	er of the military or	public safety officer.	
NOTE: If you wish to vote by a	psentee ballot before a traveling	board or in person at the county clerk	k's office, or if you w	ish for the person l	holding a power of attorney to ap	ply for you, contact your county election board.
I swear <i>or affirm</i> un						est of my knowledge and belief.
0: 1 1 1		able by a term of impriso		to 3 years, a t		
Signature of voter (or perso	n designated by election	board to sign for a disabled	i voter)		Date signed (month, o	ay, year)
		4. INFORMATION OF INDIVIDUAL	ASSISTING ABSE	NTEE BALLOT AF	PPLICANT	
Name (please print)		Date Assistance to Applicant F			Telephone Number (Day)	Telephone Number (Evening)
rame (prease primy			/	/	()	()
Registration Address (number and st	reet) City/Town, State	e, ZIP Code	Mailing Addre	ess (If different from	m residence address)	City/Town, State, ZIP Code
I swear or affirm under the penalt properly complete and sign the a		nowledge or reason to believe tha	at the individual su	bmitting the appli	ication: (1) is ineligible to vote	or to cast an absentee ballot; or (2) did not
Signature of Person Assisti	ng Voter with Application	1		Date signed ((month, day, year)	
		FOR O	OFFICE USE ONLY	Υ	_	
	T ₂ · ·	TORG		•	Is applicant required to provide	additional documentation to the county voter
Date / /	Precinct:					et done so? Yes No

Indiana County Offices

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Union Co. Circuit Court Clerk 26 West Union Street Liberty, IN 47353 - 1396 (765) 458-6121 VANDERBURCH Vanderburgh Co. Circuit Court Clerk P.O. Box 3356 Evansville, IN 47796 - 0008 (765) 435-5160 Vigo Co. Circuit Court Clerk P.O. Box 10 Vermillion Co. Circuit Court Clerk P.O. Box 10 Vermillion Co. Circuit Court Clerk P.O. Box 10 Vigo Co. Circuit Court Clerk P.O. Circuit Court Cle
Zez west Main Vevay, IN 47043-1180 (812) 427-3175 TIPPECANOE Tippecance Co. Circuit Court Clerk P.O. Box 1665 P.O. Box 1665 Lafayeite, IN 47902 (765) 422-9316 Tipton Co. Circuit Court Clerk 101 East Jefferson Tipton, IN 46072-1901 (765) 675-2795 UNION
Krox. IN 46534 (574) 772-9128 Steuben Co. Circuit Court Clerk 55 South Public Square Angola II. 46703 – 1945 (260) 668-1000 ext. 2220 SULLIVAN Sullivan Co. Circuit Court Clerk P.O. Box 370 Sullivan, IN 47882 - 0370 (812) 268-4657 Switzerland Co. Circuit Court Clerk Courthouse 212 West Main