

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 4/20/21
(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 (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)



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

/ /

OFFICE USE ONLY

Voter Reg # _____

Muni Code # _____ Party _____

Ward _____ District _____