APPLICATION FOR VOTE BY MAIL BALLOT

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

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	I hereby apply for a Mail-In Ballot for: (CHECK ONLY ONE)		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)												
								1	Or for ONLY ONE of the following: General (November)		active duty, or an eligible spouse or dependent.				
									Primary (June) Municipal School Fire		AU.S. Citizen residing outside the U.S. and I intend to return.				
			AU.S. Citizen residing outside the U.S. and I do not intend to return.												
	□ SpecialTo be held on/ /		AU.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.														
-	Last Name (Type or Print) First Nam	Ne (Type or Pri	int)		Middle Name	or Initial	Suffix (Jr., Sr., III)								
2															
	Address at which you are registered to vote:	1	N	ail my hal	lot to the foll	owing ad	drocer								
3			Mail my ballot to the following address:												
	Street Address or RD# Apt.					•									
			A Please include any PO Box, RD#,												
	Municipality (City/Tawa)			State/Province,	·										
	Municipality (City/Town) State Zip		Zip/Postal Code												
				(if outside US)											
5	Date of Birth (MM / DD / YYYY) 6 Day Time Phone N	lumber		7 E-Ma	il Address (Option	al)									
-			100	1			A REAL STREET								
	Signature Please sign your name as it appe	ears in th	ne Poll	Book.		Toda	ay's Date (MM / DD / YYYY)								
8	9														
OPTIONAL - ONLY COMPLETE SECTIONS 10 OR 11 IF APPLICABLE															
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