


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)		MILITARY/OVERSEAS VOTER ONLY	
	<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)		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
3	Address at which you are registered to vote:		Mail my ballot to the following address:	
	Street Address or RD# _____ Apt. _____ Municipality (City/Town) _____ State _____ Zip _____		<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
8 Signature Please sign your name as it appears in the Poll Book.				9 E-Mail Address (Optional)
X _____				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)	
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)	Date of Birth (MM/DD/YYYY)
	Signature of Voter X _____		Date (MM/DD/YYYY) ____/____/____		
<div><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) ____/____/____</div><div>OFFICE USE ONLY Voter Reg # _____ Muni Code # _____ Party _____ Ward _____ District _____</div></div>					