APPLICATION FOR VOTE BY MAIL BALLOT

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

	I hereby apply for a Mail-In Ballot for:		MILITARY/OVERSEAS VOTER ONLY					
	(CHECK ONLY ONE)			I request Vote-By-Mail Ballots for all elections in which I am				
	☐ ALL FUTURE ELECTIONS, until I request otherwise in writing.			eligible to vote and I am (CHECK ONLY ONE)				
	Or for ONLY ONE of the following: General (November)		☐ A Member of the Uniformed Services or Merchant Marine on					
1	☐ Primary (June) ☐ Municipal ☐ School ☐ Fire		active duty, or an eligible spouse or dependent. A U.S. Citizen residing outside the U.S. and I intend to return.					
	☐ Special To be held on/	,	☐ A U.S. Citizen residing outside the U.S. and I do not intend to return.					
	(Specify) To be field off (MM / DD / Y	YYY)						
	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.							
	ast Name (Type or Print) First Name (Type)			•				
2	ast ivalife of the list Name of		ŕ		vildale Name of in	ıllai	Sullix (Jr., Sr., III)	
	Address at which you are registered to vote:			Mail my ballot to the following address:				
3	Street Address or RD# ,Apt.			☐ Same Address as Section 3				
	, in the second			Please include				
			4	any PO Box, RD#,				
	Municipality (City/Town) State Zip			State/Province, Zip/Postal Code				
				& Country (if outside US)				
5	Date of Birth (MM/DD/YYYY) Day Time Phone Number E-Mail Address							
	PLEASE NOTE: This contact information will be used to contact you concerning the acceptance or rejection of your ballot and how you may cure a defect.							
	Signature: I affirm that I am the person	you con	cerning	the acceptance o	r rejection of your ba			
8	who is applying for this ballot and I live at the					9 10	day's Date (MM / DD / YYYY)	
	address designated in box 3 of this form.						ΙΙΙ	
	OPTIONAL - ONLY COMPLE							
				oter in completing this application must complete this section. ature of Assistor Date (MM/DD/YYYYY)				
10	Name of Assistor (1995 of time)	X	lure or /	45515101	Date (IIIII)			
	Address		Apt.	Municipality (City/Town)	State	Zip	
	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, except that an authorized							
	messenger or bearer may serve as such for up to five qualified voters in an election if those voters are immediate family members residing in the same household as the messenger or bearer.							
	· ·							
	I designatePrint Name of Authorized N	to be my Authorized Messenger.						
	Address of Messenger Apt.		ipality (City/Town)	State Zip	l ^D	ate of Birth (MM/DD/YYYY)	
11								
Ш	Signature of Voter Date (MM / DD / YYYYY)							
	X							
	Authorized Messenger must sign application and show p							
	in the presence of the County Clerk or County Clerk on "I do hereby certify that I will deliver the Mail-In Ballot di							
	and no other person, under penalty of law							
	Signature of Messenger			(MM / DD / YYYY)	Muni Code #		Party	

INSTRUCTIONS

- Fill out application.
- Print and sign your name where indicated
- Mail or Deliver application to the County Clerk

DO NOT FAX OR E-MAIL

Unless you are a Military or Overseas Voter

VOTING INFORMATION

- 1. You must be a registered voter in order to apply for a Mail-In Ballot.
- 2. Once you apply for a Mail-In Ballot, you will not be permitted to vote by machine at your polling place in the same election
- 3. You will receive instructions with your ballot.
- 4. If returning your Mail-In Ballot in person it must be received after the time for the closing of the polls of the election. be postmarked no later than Election Day and received by Election Day. If returning your Mail-In Ballot by mail, it must by the County Board of Elections before close of polls or the county board of elections no later than 144 hours (6 days)
- 5. Do not submit more than one application for the same election
- 6. You must apply for a Mail-In Ballot for each election, unless you designate otherwise under Section 1.

PLEASE NOTE

Clerk until 3 P.M. the day before the election. to the election. He or she may also apply in person to the County A voter may apply for a Mail-In Ballot by mail up to 7 days prior

option, the County Clerk's office must be notified in writing. Ballot for all future elections. If such voter no longer wants this Voters now have an option of automatically receiving a Mail-In

WARNING

no later than 3 P.M. the day prior to the election. messenger during County Clerk's office hours, but unless you apply in person or via an authorized Clerk not later than 7 days prior to the election, This application must be received by the County

Name

Street Address

City, State, Zip Code

PLACE Postage HERE

BEFORE MAILING

APPLICATION FOR VOTE BY MAIL

MAIL WALLOI VOTE B

Please Seal with Tape and Return