

# 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 the: (CHECK ONLY ONE)  
 General (November)  Primary  Municipal  School  Fire  
 Special \_\_\_\_\_ To be held on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Specify Date

**MILITARY/OVERSEAS VOTER ONLY**  
 I request Vote By Mail for all elections in which I am eligible to vote and I am (MARK 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.

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_ **6** Day Time Phone Number (\_\_\_\_) \_\_\_\_\_ **7** E-Mail Address (Optional) \_\_\_\_\_

**8** Signature **X** \_\_\_\_\_ Please sign your name as it appears in the Poll Book. **9** Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

**10** **Voter Options to Automatically Receive Ballots in Future Elections**  
 You may choose either option, both options, or none of the options. **YOU ARE NOT REQUIRED TO CHOOSE AN OPTION.**  
 If you do not choose any option, you will only be sent the ballot for the election you chose in Section 1.

\* **A**  I wish to receive a Mail-In Ballot for all elections to be held during the **REMAINDER OF THIS CALENDAR YEAR.**  
 \* **B**  I wish to receive a Mail-In Ballot in **ALL FUTURE NOVEMBER GENERAL ELECTIONS**, until I request otherwise.

*\* Please Note: Your ballot can only be sent to the mailing address supplied on this application; if your address changes, you must notify the County Clerk in writing.*

**11** **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 **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_ Municipality (City/Town) \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**12** **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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Voter **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**STOP** 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 **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY**

Voter Reg # \_\_\_\_\_  
 Muni Code # \_\_\_\_\_ Party \_\_\_\_\_  
 Ward \_\_\_\_\_ District \_\_\_\_\_