

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 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 Ballots 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 <small>(Type or Print)</small>	First Name <small>(Type or Print)</small>	Middle Name or Initial	Suffix (Jr., Sr., III)
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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: <input type="checkbox"/> Same Address as Section 3 <i>Please include any PO Box, RD#, State/Province, Zip/Postal Code & Country (if outside US)</i>
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5 Date of Birth ____/____/____	6 Day Time Phone Number (____) _____	7 E-Mail Address (Optional) _____
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8 Signature X _____ <small>Please sign your name as it appears in the Poll Book.</small>	9 Today's Date ____/____/____
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OPTIONAL - ONLY COMPLETE SECTIONS 10 THROUGH 12 IF APPLICABLE

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.

10 *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 <small>(Type or Print)</small>	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 ____/____/____
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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 _____