

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)
---	---	------------------------	------------------------

3	Address at which you are registered to vote			4	Mail my ballot to the following address: <input type="checkbox"/> Same Address as Section 3
	Street Address or RD#		Apt.		Please include any _____
Municipality (City/Town)		State	Zip	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

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 ____/____/____
----------------------	------	--------------------------	-------	-----	---------------------------------

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 _____