


APPLICATION FOR VOTE BY MAIL BALLOT

<small>Please type or print clearly in ink. All information required unless marked optional.</small>		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) <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.	
I hereby apply for a Mail-In Ballot for the: (CHECK ONLY ONE) 1 <input type="checkbox"/> General (November) <input type="checkbox"/> Primary <input type="checkbox"/> Municipal <input type="checkbox"/> School <input type="checkbox"/> Fire <input type="checkbox"/> Special _____ To be held on ____ / ____ / ____ (Specify) (Date)			
2	Last Name (Type or Print)	First Name (Type or Print)	Middle Name or Initial
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 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

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 <input type="checkbox"/> I wish to receive a Mail-In Ballot for all elections to be held during the REMAINDER OF THIS CALENDAR YEAR. *B <input type="checkbox"/> I wish to receive a Mail-In Ballot in ALL FUTURE NOVEMBER GENERAL ELECTIONS , until I request otherwise. <small>*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.</small>					
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 ____ / ____ / ____ <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 X _____ Date ____ / ____ / ____</div>					
OFFICE USE ONLY Voter Reg # _____ Muni Code # _____ Party _____ Ward _____ District _____					