

REQUEST FOR ABSENTEE BALLOT
(REQUEST SUBMITTED BY VOTER ___ NEXT OF KIN ___ POA ___)

VOTER'S NAME _____ DOB: ____/____/____

VOTER'S POLITICAL PARTY: DEMOCRAT _____ REPUBLICAN _____ INDEPENDENT _____

VOTER'S ADDRESS: _____ CITY _____ STATE _____ ZIP _____

VOTER'S PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

REASON FOR REQUESTING ABSENTEE BALLOTS _____

MAIL BALLOT TO: _____ CITY _____ STATE _____ ZIP _____

BALLOT REQUESTED BY: _____

RELATIONSHIP OF REQUESTOR TO VOTER: _____

BALLOT REQUESTER'S PHONE NUMBER: _____

BALLOT REQUESTER'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE BALLOT REQUESTED: ____/____/____ BY: _____

DATE BALLOT PROCESSED: ____/____/____ BY: _____

WARD NUMBER: _____ WARD NAME: _____ SPLIT/BALLOT TYPE _____

MAILED BALLOT: _____ MAILED APPLICAION: _____

MAILED INSTRUCTIONS: _____ MAILED PHYSICIASN'S AFFIDAVIT _____