

ID # \_\_\_\_\_ PCT: \_\_\_\_\_ S D \_\_\_\_\_ STUB# \_\_\_\_\_ TRANS #: \_\_\_\_\_

APPLICATION FOR ABSENT VOTER'S BALLOT
Mail To: HURON COUNTY BOARD OF ELECTIONS
180 MILAN AVE. STE 4, NORWALK, OH 44857

Address at which you are registered to vote:

Mailing Address: Required only if you wish to have your ballot mailed to a different address than your registration address.

(Required) Voter's Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Care of / PO Box \_\_\_\_\_

City \_\_\_\_\_

Address \_\_\_\_\_

County: \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Required) YOU MUST PROVIDE birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ AND ONE of the following:
Month Day Year (Do not write today's date here)

- 1. Your Ohio driver's license number(begins with 2 letters followed by 6 numbers) \_\_\_\_\_, OR
2. The last four digits of your Social Security Number \_\_\_\_\_, OR
3. Copy of current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck or other government document (other than a registration notification mailed by the board of elections) that shows your name and current address.

I wish to vote in the following election to be held on \_\_\_\_\_ (enter date of election)

Check ONLY one (A separate application must be completed for each type of election)

\_\_\_ General Election

\_\_\_ Primary Election (SELECT TYPE OF BALLOT BELOW)

Party \_\_\_\_\_ OR ISSUES ONLY \_\_\_\_\_
(Name of Political Party)

IF YOU WISH TO VOTE IN A PRIMARY, YOU MUST INDICATE WHICH PARTY BALLOT YOU WOULD LIKE OR INDICATE IF YOU WANT AN ISSUES ONLY BALLOT.

\_\_\_ Special Election

I wish to have a ballot mailed to me at the address listed above. I understand this requires must be received by my board of elections no later than noon on the Saturday before Election Day, if by mail, or by 2 p.m. the day before the election if in person. I understand that if a ballot is mailed to me and I change my mind and appear at my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after the election.

I hereby declare, under penalty of election falsification, I am a qualified voter and the statements above are true. I understand that if I do not provide the requested information, my application cannot be processed.

X

Signature of Applicant

Date

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY IN THE FIFTH DEGREE

Voluntary: to assist the board of elections in contacting you if your application is incomplete:

Telephone ( \_\_\_\_\_ email address \_\_\_\_\_