

APPENDIX B – EARLY VOTING APPLICATION

EARLY VOTING APPLICATION

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECK ALL OF THE FOLLOWING THAT APPLY AND SIGN:

REPLACEMENT BALLOT REQUEST

_____ I certify, under penalty of perjury that I have lost, spoiled, damaged, or not received my original Vote by Mail Ballot and I will not vote it in the event it is received or found.

CROSS-OVER BALLOT REQUEST

_____ I have declined to disclose a preference for a qualified political party. However, for this primary election only, I request a vote by mail ballot for the _____ Party.

EMERGENCY BALLOT DELIVERY - *Required after the seventh day before the election if requesting mail.*

_____ I will be unable to go to a Vote Center on Election Day because of one of the following conditions:

- Illness or disability resulting in confinement in a medical facility, sanatorium, nursing home, or place of residence
- Physical disability and/or existing architectural barriers at a Vote Center denying physical access to the Vote Center, voting booth, or voting equipment because of physical disability
- Conditions resulting in an absence from a Vote Center on Election Day

I declare under penalty of perjury that the above is true and correct and authorize the bearer to receive my ballot. I understand that this ballot must be returned to the Registrar of Voters' Office by 8 pm on election day or postmarked with the date of the election and received no later than three days after election day.

SIGNATURE: _____ DATE: _____

AUTHORIZED BALLOT DELIVERY - *Complete if someone is picking up another person's ballot.*

I hereby affirm under penalty of perjury that I am at least 18 years old and I am the authorized representative of the voter for whom I am presenting this written statement.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____