

PLEASE MAKE SURE YOU SIGN YOUR APPLICATION!!!

BY-MAIL VOTER APPLICATION

_____, a duly qualified elector, in full possession
(Print Name)

of his/her mental faculties, residing in Election District _____
(Name and/or #)

Home Address: _____

Date of Birth (mo/day/year): _____, and to my best knowledge and belief
am entitled to vote a By-Mail ballot at the next election.

Primary Election November Election Bond or Other Election

Place my name on the county permanent absentee voter list: Yes No

NOTICE TO ELECTOR: This application Dated this ____ day of _____, 20_____
form must be received by the clerk **not later than**
Friday before election or 10 days before election [Sign Here] _____
for persons who are overseas, or Monday before
election if person is voting a By-Mail ballot Kindly mail above ballot to me at
in the clerk's office. _____

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