

AUTHORIZED REPRESENTATIVE FORM ABSENTEE BALLOT APPLICATION REQUEST/RETURN

This form must be completed by a person who has been asked by another voter to request an absentee ballot application on their behalf because they are unable to vote in person due to illness or disability.

- Requestors are limited to five requests in addition to their own per election.
- Improperly requesting an application for another voter is a felony punishable by up to a \$5,000 fine and up to five years in prison.
- Complete and return this form to the voter's county voter registration office either in person or by mail.

County		Election Date	
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REQUESTOR INFORMATION				
<input type="checkbox"/> I am <u>requesting</u> an absentee application. <input type="checkbox"/> I am <u>returning</u> an absentee application.				
Name of Authorized Representative				
Address				
Date of Birth		Voter Registration #		Phone

VOTER INFORMATION		
Name of Voter	Date of Birth	Last 4 of Social Security Number

To be an authorized representative, you must check each box to confirm the condition applies to you and sign the affirmation below.

- I am a registered voter.
- I have been asked by a registered voter to request or return an absentee application on their behalf.
- I am not a candidate, a member of a candidate's paid campaign staff, or a campaign volunteer.
- The voter for whom I am requesting an application is unable to go to the polls due to either:
 - An illness or disability and is confined in a hospital, sanatorium, nursing home or place of residence; or
 - A physical handicap prevents the voter from going to his polling place due to existing architectural barriers which deny him physical access to the polling place, voting booth or voting apparatus or machinery.

I swear, or affirm, that I meet the requirements to be an Authorized Representative as indicated above. I understand I am limited to no more than five requests for absentee applications per election in addition to myself.

Signature of Authorized Representative

Date