

REQUEST FOR APRIL 4TH 2017 ABSENTEE BALLOT

I, _____, do hereby request an absentee ballot for the
Print Legal Name

April 4th, 2017, General Municipal Election.

For identification purposes, the last four digits of my social security number: _____

Reason for requesting an absentee ballot:

_____ Absence on Election Day from the jurisdiction of the election authority in which I am registered

_____ Incapacity or confinement due to illness or physical disability, including caring for a person who is incapacitated or confined due to illness or disability

_____ Religious belief or practice

_____ Employment as an election authority or by an election authority at a location other than my polling place

_____ Incarceration, although I have retained all the necessary qualifications for voting

_____ Certified participation in the address confidentiality program established under sections 589.660 to 589.681 because of safety concerns

Address where I am registered to vote:

(Street Address)

(City, State, Zip Code)

Address where ballot is to be mailed:

(Street Address)

(City, State, Zip Code)

Telephone Number: _____

I do solemnly swear that all statements made on this application are true to the best of my knowledge and belief.

Signature of Registered Voter

Date