CHS VOTES

Request for Absentee Application

This is a REQUEST for the Official Absentee Application. You will still need to complete the Official Absentee Application to receive an absentee ballot

Print your name Use the name from your voter registration.	**1**	Last _____ First _____ Middle _____ Jr Sr II. III. IV (circle if applicable)
About you	**2**	Birth date (MM/DD/YYYY) _____ Last 4 digits of Social Security number (required) XXX-XX-_____ Phone (with area code) _____ Email _____
The address where you're registered to vote	**3**	Street (no P.O. Box) _____ Apt. _____ City/Town _____ State _____ Zip code _____
Where to mail my application	**4**	☐ Same as above **-OR-** Address or P.O. Box _____ City/Town _____ State _____ Zip code _____
Election For which election do you want an absentee application?	**5**	I'm requesting an application for: ☐ All elections this year (includes runoffs) **-OR-** each of the following: ☐ General ☐ Primary ☐ Municipal ☐ Special (Specify) _____ ☐ Select for any runoffs
Party preference for primaries If voting in a primary, which party's primary do you want? Only the Democratic and Republican Parties hold primaries.	**6**	☐ Democratic Primary ☐ Republican Primary
Reason What is your reason for needing an absentee application?	**7**	☐ I am sixty-five years of age or older. ☐ I am a person with physical disabilities. ☐ I will be attending a sick or physically disabled person which prevents me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day. ☐ I am going to be absent from my county of residence which prevents me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day. ☐ I have employment obligations which prevent me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day. ☐ I am a member of the Armed Forces, Merchant Marines, their spouses or dependents residing with them or I am a US citizen outside of the country temporarily or permanently ☐ I am confined to a jail or pretrial facility pending disposition of arrest or trial which prevents me from voting during early voting hours for the duration of the early voting period, and during the hours the polls are open on election day. ☐ I have been admitted to a hospital as an emergency patient on the day of the election or within a four-day period before the election.
Signature	**8**	Voter sign here X _____ Date (MM/DD/YY) _____