APPLICATION FOR PERMANENT VOTE BY MAIL STATUS

Suggested Revised September 2023 SBE A-7-1

Applicant's Name				For Election Aut	hority's Use Only
Street Address				Ballot Style:	
Street Address				Voter ID:	
City, State, Zip				<u>. </u>	
County				For Election Ju	ıdge's Use Only
Date of Birth*				Initials:	
Phone Number*				Voter's Consecutive Number:	
Email*				T Game on .	
or - I wish that re I hereby make applicatio ballots to the official issulater than election day, for following election day.	to vote by mail in all subs to vote by mail in all subs quire a party designation. Democratic In for an official ballot or be the same prior to the or counting no later than ded by law pursuant to 10	equent elections and w Republican pallots to be voted by me closing of the polls on during the period for co	ish to receive Other e at such electhe date of the dunting provisi	the party ballot indicate *tion, and I agree that I e election or, if returne onal ballots, the last da	shall return such ballot o d by mail, postmarked no ay of which is the 14 th day
	Signature of Appli	cant		Today'	s Date
	Address to which ballot should be mailed: (if different from above)				_

IMPORTANT:

You must return the completed and signed application to the election authority with jurisdiction over your registration.

Mail To:

^{*}Voter will only receive a primary ballot if the party listed is an established party in a race in which the voter is entitled to vote.