

APPLICATION FOR ABSENT VOTER'S BALLOT

PLEASE PRINT OR TYPE (See Instructions at Bottom of Page)

Send Ballot to:

(if different from home address)

Name _____

care of/PO Box _____

Address _____

City _____ State _____ Zip Code _____

Voter's Name _____

Home Address _____

City, Village, Office _____

County _____ Zip Code _____

You must provide your birthdate: _____ / _____ / _____ and one of the following:
(month) (day) (year)

- Your Ohio driver's license number _____, or
- The last four digits of your social security number _____, or
- Copy of a current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and current address.

I wish to vote in the following election to be held on _____ November 8, 2011
(month-date-year of election)

Check ONLY one (A separate application must be completed for each type of election):

1. Primary Election:

- | | | |
|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Constitution | <input type="checkbox"/> Libertarian | <input type="checkbox"/> Nonpartisan or issues only |
| <input type="checkbox"/> Democratic | <input type="checkbox"/> Republican | |
| <input type="checkbox"/> Green | <input type="checkbox"/> Socialist | |

2. General Election 3. Special Election

I wish to have a ballot mailed to me at the address listed above. I understand that if a ballot is mailed to me and I change my mind and appear at my polling place to vote on Election Day, I will be required to vote a provisional ballot that can not be counted until at least 10 days after the election.

I hereby declare, under penalty of election falsification, I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.

X _____
Signature of Voter

Date Signed

Voluntary: To assist the board of elections in contacting you in a timely manner if your application is incomplete:

Your daytime telephone number (____) _____ Your e-mail address _____

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE