

APPLICATION FOR ABSENTEE BALLOT

This form is good for one calendar year only.

OFFICIAL USE ONLY
Prec # _____
Leg Dist # _____

Date: _____

County: _____

I, *(Please print full name.)* _____,

hereby make application for an absentee ballot or ballots to be voted at the election held on: *(Check the box to the left of the election or elections this application is to be used for.)*

- All Elections I am eligible for this calendar year.**
 - 2nd Tuesday in March (School Bond or Levy)
 - 3rd Tuesday in May (Primary Election and/or Taxing Districts Elections)
 - Last Tuesday in August (School Bond or Levy)
 - Tuesday following 1st Monday in November (General Election and/or Taxing Districts Election)
 - Special Emergency Election to be held on _____.

My home address is: _____ in
(House Number and Street Name - NO PO Box Address)

_____, and I am duly registered in _____ County, Idaho.
(City) (County Name)

In case we need to contact you with questions: (This Information will be public record.)

() _____ - _____
Phone Number

Email Address

Please mail the ballot(s) to me at the following address:

(Voter Name)

(Mailing Address)

(City, State and Zip Code)

REGISTERED VOTER MUST PERSONALLY SIGN

(Voter Signature)