

APPLICATION FOR ABSENTEE BALLOT

IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF PERJURY AND SUBJECT TO A FINE OF UP TO \$10,000 OR IMPRISONMENT FOR UP TO 10 YEARS.

TO: Becky Lewallen,
Washington County Clerk
280 N. College Ave. Ste. 300
Fayetteville, AR. 72701

Date : _____
Phone: (479) 444-1711
Fax: (479) 444-1894

For Office Use Only

1. I REQUEST AN ABSENTEE BALLOT BECAUSE [CHECK ONE]:

- I will be unavoidably absent from my polling site on Election Day.
 I will be unable to attend the polls on Election Day because of illness or physical disability.
 I will be unable to attend the polls on Election Day because I reside in a long-term care or Residential facility licensed by the state.

2. I RESIDE [CHECK ONE]:

- within the county in which I am registered to vote
 outside the county in which I am registered to vote
 I am a member of the uniformed services of the United States *in active duty or service*
 I am a United States citizen residing outside the territorial limits of the U.S.

Must Provide ID: YES NO

Voter ID# _____

Precinct _____

School Dist. _____

3. I AM REQUESTING AN ABSENTEE BALLOT(S) FOR THE FOLLOWING ELECTION(S): (you may only choose one election or election cycle)

- Nonpartisan Judicial General Election only
 Preferential Primary /Nonpartisan Judicial General and/or Preferential Primary Runoff
(Indicate Political Party Preference _____)
 Annual School Election and/or Annual School Election Runoff
 General Election and/or General Election Runoff
 Special Election on _____ (Date) and/or Special Election Runoff on _____ (Date)

*****OR, IF ELIGIBLE:*****

- All Elections for the **current calendar year**. I am disabled, in a long-term care facility, or living outside the county, or a U.S. Citizen temporarily residing outside the territorial limits of the U.S.
(Indicate Political Party Preference _____)

4. I WILL RECEIVE MY BALLOT [CHECK ONE]:

- Coming to the office of the county clerk by the time the county clerk's office regularly closes on the day before the election
 Mail. I request that you mail my ballot to the following address:

- Designated Bearer, Administrator, or Authorized Agent. _____ [PRINTED NAME]

Note: A designated bearer may only pick up 2 absentee ballots and may only do so within the 15 days before a general election or the 7 days before a general primary election. A bearer, administrator, or agent must provide a current and valid photo ID to the clerk. Anyone may distribute blank absentee applications.

The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine of up to ten thousand dollars (\$10,000) or imprisonment for up to ten (10) years, or both under federal laws.

Washington County Residence Address of Voter _____

Printed Name of Voter _____

City or Town , Zip Code _____

Date of Birth of Voter _____

Telephone Number _____

Signature of Voter _____

E-Mail Address if Available _____

Signature of Bearer, Administrator, or Agent _____