

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.)*

- | | |
|--|---|
| <input type="checkbox"/> 2nd Tuesday in March (School Bond or Levy) | <input type="checkbox"/> Last Tuesday in August (School Bond or Levy) |
| <input type="checkbox"/> 3rd Tuesday in May (Primary Election and/or Taxing Districts Elections) | <input type="checkbox"/> Tuesday following 1st Monday in November (General Election and/or Taxing Districts Election) |
| <input type="checkbox"/> Special Emergency Election to be held on _____. | |

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

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

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

(Voter Name)

(Mailing Address)

(City, State and Zip Code)

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

Phone Number: (_____) _____ - _____

Email Address: _____

REGISTERED VOTER MUST PERSONALLY SIGN

(Voter Signature)