

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

FOR OFFICE USE ONLY

Your Name and Date of Birth

Last _____ Suffix _____
 First _____ Middle _____
 Date of Birth (month, day, year) ____/____/____

ABS SEQ NUM: _____
 REG: OK _____ NR _____ CH _____
 SPLIT: _____
 BALLOT #: _____
 Revised October 2019

ID Number

Iowa Driver's License or Non-Operator ID Number: _____
 OR
 Four-digit Voter PIN (can be found on Voter Identification Card): _____
 Voters without an Iowa Driver's License or Non-Operator ID number are mailed an Iowa Voter Identification Card at the time of registration.

Voters who do not appear in the Iowa Dept. of Transportation's Driver's License or Non-Operator ID files are mailed an Iowa Voter Identification Card at the time of registration. Any voter may request a Voter Identification Card.

Your Iowa Residential Address

Home Street Address (include apt, lot, etc. if applicable) _____
 City _____ Zip _____ County _____
You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.

Where Your Absentee Ballot Should Be Mailed
 If different than above

Mailing Address/P.O. Box _____
 City _____ State _____ Zip _____
 Country (other than USA) _____

Contact Info
 Important

Phone _____ Email _____ Do not add this contact info to my voter record

Election Date or Type
 Choose only one election.

Election _____ OR General Primary City/School Special: _____

Primary Election Only

Check one political party Democratic Republican

Requester Affidavit
 Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.

I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.

Signature: **X** _____ Date _____

Step 1: Fold Here

Instructions:

- 1) This form is used to request an Absentee Ballot. You must complete a new form for each election.**
- 2) Sign and date the form. Forms must be signed by the voter. Can't I just email or fax you my completed form?** Yes, but you still need to send the original signed document to the address above. We can mail out a ballot from a scanned or faxed request. However, *in order for a ballot to be counted, the original signed request is required.*
- 3) Please use clear tape when sealing the form. Place tape at the locations indicated by a ● after folding.**

Election Types

General - presidential or gubernatorial election. These elections are held in November of even-numbered years.

Primary - partisan primary held in June in even-numbered years to nominate candidates for a General Election.

City/School - held in November of odd-numbered years.

Special - held when needed and as allowed by law.

Note: This form is Story County only. If the Business Reply Mail address on this form is changed or altered it will not be delivered.

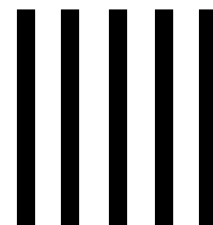
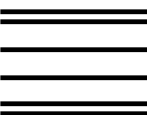
Step 2: Fold Here

ABSENTEE BALLOT REQUEST FORM

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 33 NEVADA IA
 POSTAGE WILL BE PAID BY ADDRESSEE

LUCY MARTIN
 STORY COUNTY AUDITOR
 900 6TH ST STE 3
 NEVADA IA 50201-9912



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES