

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, OR
- I will be unable to attend the polls on Election Day because of illness or physical disability, OR
- 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 merchant marine or uniformed services of the United States *on active duty or service* (UOCAVA)
- I am a United States citizen residing outside the territorial limits of the U.S. and the District of Columbia (UOCAVA)
- I am a spouse or dependent of a member of the merchant marine or uniformed services of the United States who will be absent from the place where I am qualified to vote because of the member's active duty or service (UOCAVA)

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 General Election only
- Preferential Primary /Nonpartisan General & Preferential Primary Runoff
(INDICATE POLITICAL PARTY PREFERENCE): _____
- Annual School Election & Runoff
- General Election /Non-Partisan Runoff and General Election Runoff
- Special Election to be held on _____ (Date) and Runoff, if applicable.

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

- All Elections for **one calendar year**. *I am a voter with a disability, in a long-term or residential care facility, or living outside the county.*
(INDICATE POLITICAL PARTY PREFERENCE): _____
- All Elections through the **next Federal General Election cycle**. *I am a UOCAVA voter.*
(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:

- Electronic Means* - My email address is _____ (*Only available for UOCAVA voters)
- Designated Bearer, Administrator, or Authorized Agent. _____ [PRINTED NAME]

Note: A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school, special election, preferential primary or general election or the 7 days before a runoff or general primary election. A bearer, administrator, or agent must provide a current and valid photo ID to the clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.

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.

I certify under penalty of perjury that I am registered to vote, and that I am the person who is registered.

Washington County Residence Address of Voter

Printed Name of Voter

City, State and Zip Code

Date of Birth of Voter

Telephone Number

Signature of Voter

E-Mail Address if Available

Signature of Bearer, Administrator, or Agent