

REQUEST FOR ABSENTEE BALLOT APPLICATION BY AUTHORIZED REPRESENTATIVE		County	
Name of Election		Election Date	
Name of Authorized Representative			
County of Residence		Voter Registration Number	
Phone		Email	

This request must be completed by an Authorized Representative (AR) requesting an absentee ballot application on behalf of a voter who has asked the AR to request an application on his behalf and who is unable to go to the polls for one of the reasons listed below. Any person may request an absentee application for an immediate family member without completing this form. Immediate family means a person’s spouse, parent, child, brother, sister, grandparent, grandchild, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, and daughter-in-law.

To be an authorized representative, each box must be checked:

- I have been asked by a registered voter to request an application for absentee ballot on their behalf.
- I am not a candidate OR a member of a candidate’s paid campaign staff OR a volunteer reimbursed for time expended on campaign activity.
- The voter is unable to go to the polls because of either:
 - An illness or disability and is confined in a hospital, sanatorium, nursing home or place of residence; or
 - A physical handicap is unable to go to his polling place due to existing architectural barriers which deny him physical access to the polling place, voting booth or voting apparatus or machinery.

I swear, or affirm, that I meet the above-stated legal definition of an “authorized representative.” I am not a candidate, or a member of a candidate’s paid campaign staff, or a volunteer reimbursed for time expended on campaign activity for any candidate for an office for which this election is being held.

Signature of Authorized Representative

Date

	Name of Voter	Date of Birth	Voter Registration Number
1			
2			
3			
4			
5			
6			
7			
8			

Submit request to county voter registration office. Use additional forms for voters in other counties.