

1. Affirmation County of _____

2. Declaration

I declare that my ballot was: destroyed spoiled lost not received

3. Personal Information Please print.

Name		Residence		
City	State	Zip	Ward/Precinct/Township	

4. Address to Mail Ballot (if different from residential address)

Residence	City	State	Zip
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Note: The ballot may be mailed only to the voter's residential or mailing address as indicated on the county voter registration list, to the voter's temporary residential address, or to a medical care facility where the voter resides. These restrictions do not apply to a voter who has an illness, disability or who lacks proficiency in the English language. Ballots cannot be mailed until 20 days before the election.

5. Signature Note: False statement is a severity level 9, nonperson felony.

I do solemnly affirm under penalty of perjury that I am a qualified elector residing at the address listed above. I am entitled to vote an advance voting ballot and I have not voted and will not otherwise vote more than one ballot at the election to be held on _____ (date).

Required

Signature of Voter

Date (MM/DD/YY)

Phone Number

FOR OFFICE USE ONLY Date App. Rec'd. _____ Ballot Mailed _____ Voted in Office _____ Transmitted by _____