

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
<small>* Indicates required information</small> YOUR NAME* AND DATE OF BIRTH* Last _____ Suffix _____ First _____ Middle _____ Date of Birth (month, day, year) ____/____/____		
ID NUMBER* Complete one Iowa Driver's License or Non-Operator ID Number: _____ OR Four-digit Voter PIN (can be found on Voter Identification Card): _____ <small>Voters without an Iowa Driver's License or Non-Operator ID number are mailed an Iowa Voter Identification Card at the time of registration.</small>		<b>ID Number is required.</b> An absentee ballot cannot be issued until ID Number is provided.
YOUR IOWA RESIDENTIAL ADDRESS* Home Street Address (include apt, lot, etc. if applicable) _____ City _____ Zip _____ County _____ <small>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.</small>		
WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED <small>If different than above</small> Mailing Address/P.O. Box _____ City _____ State _____ Zip _____ Country (other than USA) _____		
CONTACT INFO <small>Important</small> Phone _____ Email _____		<input type="checkbox"/> Do not add this contact info to my voter record
ELECTION DATE OR TYPE* <small>Choose only one election.</small> Election 0 4 / 0 3 / 2 0 1 8 OR <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> School <input type="checkbox"/> City <input checked="" type="checkbox"/> Special: PPEL		
PRIMARY ELECTION ONLY Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican		
<b>REQUESTER AFFIDAVIT*</b> <i>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.</i> <small>Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.</small> Signature: <b>X</b> _____ Date _____		

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## Ballot Request Form for South Central Calhoun PPEL Vote on April 3, 2018

Options to return completed ballot request form:

- By mail to: Calhoun Co Auditor's Office  
416 Fourth St, Ste 1  
Rockwell City, IA 50579
- In person to Auditor's Office at the courthouse (voting begins March 5)
- To ballot request form box at SCC events for central office staff to deliver to Auditor's Office

*In-person voting and absentee ballot mailing  
will begin on March 5*

Absentee ballots must be postmarked before election day (April 2, 2018).  
Election day voting on April 3 is from noon-8 pm at the Courthouse in Rockwell City and the Lake City Community Building.