

# Application for an Absentee Ballot

## Lee County, Georgia

FAX: 229-759-3348 MAIL: Elections, P.O. Box 326, Leesburg, GA 31763

Please provide complete information so that we may verify your eligibility to vote.

Election Date:

*Make one selection*

1

May 22, 2018

July 24, 2018

November 6, 2018

December 4, 2018

January 8, 2019

Special Election \_\_\_\_\_

Political Party:

2

Democratic (includes Nonpartisan races)  Republican (includes Nonpartisan races)

Nonpartisan (Nonpartisan races and questions only)

Your Legal Name:

3

Last Name

First Name

Suffix

JR SR III IV

Middle Name

Residence Address:

*(Address where you are registered to vote. Do not use a PO Box or Business Address here)*

4

Please update my address to match the information provided. I understand that if I do not check the box my information will not be updated.

Identification:

*DOB Required*

5

Date of Birth

/

/

*M M*

*D D*

*Year*

*(optional)*

GA driver's License or GA ID No. *(optional)*

Contact Information:  
*(Optional)*

6

Daytime Telephone Number

Email Address

Mailing Address:

*(Mail my ballot to this temporary out of county address or alternate address for physically disabled voter)*

7

For Elderly and Disabled Voters ONLY:

8

I wish to receive all ballots as allowed by law due to the following reason. I understand that I will mailed ballots for this calendar year only & that I must reapply each year for ABS ballots to be mailed to me.  I am 65 years of age or older  I am physically disabled

Signature:

*(If requesting your own ballot signature or mark of voter is required here.)*

9

**Required** Signature of Mark of Voter

Date

Sign and date if you are preparing this application for illiterate or disabled voter

**NOTE:** Unless a ballot is being requested by someone other than the voter, the voter must mark or sign where required.

Requesting a ballot for another voter:

*(Signature and reason required here)*

10

You may apply on behalf of another person only in the following circumstances: in the case of a voter temporarily residing out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, sister-in-law, of the age of 18 or over upon completing the following oath: I, the undersigned, do swear(or affirm) that the above-named voter is  Residing temporarily out of the county or;  is a physically disabled voter residing within the county, and the facts included in this application are true.

Signature and relationship of relative requesting ballot

Date

### THIS SECTION FOR OFFICE USE ONLY

Is eligible

Is not eligible to receive an absentee ballot, Reason:

Signature of Registrar/Deputy \_\_\_\_\_

Signature: \_\_\_\_\_

REG #:

PREC#

COMBO#

IDP: Y N BLANK

PARTY

Application Received

Mailed Same Day?

Ballot Received