

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: **1** March 1, 2016 May 24, 2016 July 26, 2016 November 8, 2016
Make one selection December 6, 2016 January 10, 2017 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 Suffix JR SR III IV
 First Name Middle Name

Residence Address: **4**
(Address where you are registered to vote. Do not use a PO Box or Business Address here) 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: **5** Date of Birth / / Last four digits of Social
DOB Required GA driver's License or GA ID No. (optional)

Contact Information: **6** Daytime Telephone Number
(Optional) Email Address

Mailing Address: **7**
(Mail my ballot to this temporary out of county address or alternate address for physically disabled voter)

For Elderly and Disabled Voters **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 ONLY: I am 65 years of age or older I am physically disabled

Signature: **9** _____
(If requesting your own ballot signature or mark of voter is required here.) **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: **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 _____ IDP: Y N BLANK

R Signature: _____

REG #:

PREC#

COMBO#

PARTY

Application Received

Mailed Same Day?

Ballot Received