

**\* \* HEALTH CARE FACILITY ABSENTEE BALLOT REQUEST \* \***

I, \_\_\_\_\_ hereby request  
that a Health Care Facility Absentee Ballot be provided to me at:

Name of Facility: \_\_\_\_\_ Room Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

I further state that I am a registered voter in Clark County at the following:

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

This request is for:  Special Election  Primary  General Election  
Election Date: \_\_\_\_\_

I am currently a resident of this health care facility on this election day.

\_\_\_\_\_  
*(To be valid, your signature must appear here)*

**RETURN TO:**

**ELECTIONS DEPARTMENT  
1408 FRANKLIN STREET  
VANCOUVER, WA**