

SPECIAL ABSENTEE BALLOT APPLICATION FORM

(This form should not be submitted earlier than 90 days prior to date of the applicable primary or election)

Name of voter for whom this Special Absentee Ballot is being requested:

(Please Print Name: Last First Middle Initial)

(Address at which they are registered to vote or Address at which they last resided in Washington if they are not currently registered to vote)

(City or Town) (State) (Zip Code)

(Work Telephone Number) (Home Telephone Number)

The date of the Election is: _____

This is a: Primary General Both Special

Check this box if you are requesting that a single absentee ballot be forwarded as soon as possible.

Mail absentee ballot to this address:

Fill in Address
Where You Wish
Absentee Ballot
To Be Sent

OFFICE USE ONLY
Reg. No. _____
Precinct _____
Date Issued _____
Date Returned _____
Taken By _____
Format _____

“I will be unable to vote and return a regular absentee or mail ballot by normal mail delivery within the period provided for regular absentee or mail ballots.”

Voter’s Signature: _____ **Date of Signing:** _____