APPLICATION FOR ABSENTEE BALLOT

(Revised 03/14)

IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF PERJURY AND SUBJECT TO A FINE OF UP TO $10,000 OR IMPRISONMENT FOR UP TO 10 YEARS.

DATE: _____

TO COUNTY CLERK:
Sharon Brooks
P O Box 428
Greenwood, AR 72936

➢ **I REQUEST AN ABSENTEE BALLOT BECAUSE [CHECK ONE]:**

[ ] I will be unavoidably absent from my polling site on Election Day, OR
[ ] I will be unable to attend the polls on Election Day because of illness or physical disability, OR
[ ] I reside in a long-term care or residential facility licensed by the state.

➢ **I RESIDE [CHECK ONE]:**

[within the county in which I am registered to vote.
[ ] outside the county in which I am registered to vote.
[ ] I am a member of the merchant marine or uniformed services of the United States *on active duty or service* (UOCAVA).
[ ] I am a United States citizen residing outside the territorial limits of the U.S. and the District of Columbia (UOCAVA).
[ ] I am a spouse or dependent of a member of the merchant marine or uniformed services of the United State who will be absent from the place where I am qualified to vote because of the member's active duty or service (UOCAVA).

➢ **I REQUEST THE APPROPRIATE ABSENTEE BALLOT(S) FOR THE FOLLOWING ELECTIONS:**

[ ] Nonpartisan General Election only
[ ] Preferential Primary/Nonpartisan General & Preferential Primary Runoff
[INDICATE POLITICAL PARTY PREFERENCE]: _____
[ ] General Election/Nonpartisan Runoff & General Election Runoff
[ ] Annual School Election and Runoff
[ ] Special Election on_____ (Date) and Runoff, if applicable.
[ ] All elections for **one calendar year.** *I am a voter with a disability, in a long-term or residential care facility, or living outside the county.* **[INDICATE POLITICAL PARTY PREFERENCE]:** _____
[ ] All Elections through the next Federal General Election cycle. *I am a UOCAVA* voter.
[INDICATE POLITICAL PARTY PREFERENCE]: _____

➢ **I WILL RECEIVE MY BALLOT BY [CHECK ONE]:**

[ ] Coming to the office of the county clerk by the time the county clerk's office regularly closes on the day before the election.
[ ] Electronic Means* – My email address is:_____ ***(Only available for UOCAVA voters)**
[ ] Mail. I request that you mail my ballot to the following address:

_____
_____
_____

[ ] Designated Bearer, Administrator, or Authorized Agent: [PRINTED NAME] _____

Note: A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school, special election, preferential primary, or general election or the 7 days before a runoff or general primary election. A bearer, administrator, or agent must provide a current and valid photo ID to the clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.

The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars ($10,000) or imprisonment for up to ten (10) years, or both under federal laws.

_____	_____
Printed or Typed Name of Voter	Signature of Voter
_____	_____
Voting Residence Address of Voter	Date of Birth of the Voter
_____	_____
City or Town, State and Zip Code	Signature of Bearer, Administrator, or Agent (if applicable)

7-5-405(a)(1) Form may be furnished by the County Clerk at least sixty (60) days before the election
RETURN THIS APPLICATION TO YOUR COUNTY CLERK

APPLICATION FOR ABSENTEE BALLOT

(Revised 03/14)

IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF PERJURY AND SUBJECT TO A FINE OF UP TO $10,000 OR IMPRISONMENT FOR UP TO 10 YEARS.

DATE: _____

TO COUNTY CLERK:
Sharon Brooks
P O Box 1089
Fort Smith, AR 72902

➢ **I REQUEST AN ABSENTEE BALLOT BECAUSE [CHECK ONE]:**

[ ] I will be unavoidably absent from my polling site on Election Day, OR
[ ] I will be unable to attend the polls on Election Day because of illness or physical disability, OR
[ ] I reside in a long-term care or residential facility licensed by the state.

➢ **I RESIDE [CHECK ONE]:**

[within the county in which I am registered to vote.
[ ] outside the county in which I am registered to vote.
[ ] I am a member of the merchant marine or uniformed services of the United States *on active duty or service* (UOCAVA).
[ ] I am a United States citizen residing outside the territorial limits of the U.S. and the District of Columbia (UOCAVA).
[ ] I am a spouse or dependent of a member of the merchant marine or uniformed services of the United State who will be absent from the place where I am qualified to vote because of the member's active duty or service (UOCAVA).

➢ **I REQUEST THE APPROPRIATE ABSENTEE BALLOT(S) FOR THE FOLLOWING ELECTIONS:**

[ ] Nonpartisan General Election only
[ ] Preferential Primary/Nonpartisan General & Preferential Primary Runoff
[INDICATE POLITICAL PARTY PREFERENCE]: _____
[ ] General Election/Nonpartisan Runoff & General Election Runoff
[ ] Annual School Election and Runoff
[ ] Special Election on_____ (Date) and Runoff, if applicable.
[ ] All elections for **one calendar year.** *I am a voter with a disability, in a long-term or residential care facility, or living outside the county.* **[INDICATE POLITICAL PARTY PREFERENCE]:** _____
[ ] All Elections through the next Federal General Election cycle. *I am a UOCAVA* voter.
[INDICATE POLITICAL PARTY PREFERENCE]: _____

➢ **I WILL RECEIVE MY BALLOT BY [CHECK ONE]:**

[ ] Coming to the office of the county clerk by the time the county clerk's office regularly closes on the day before the election.
[ ] Electronic Means* – My email address is:_____ ***(Only available for UOCAVA voters)**
[ ] Mail. I request that you mail my ballot to the following address:

_____
_____
_____

[ ] Designated Bearer, Administrator, or Authorized Agent: [PRINTED NAME] _____

Note: A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school, special election, preferential primary, or general election or the 7 days before a runoff or general primary election. A bearer, administrator, or agent must provide a current and valid photo ID to the clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.

The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars ($10,000) or imprisonment for up to ten (10) years, or both under federal laws.

_____	_____
Printed or Typed Name of Voter	Signature of Voter
_____	_____
Voting Residence Address of Voter	Date of Birth of the Voter
_____	_____
City or Town, State and Zip Code	Signature of Bearer, Administrator, or Agent (if applicable)

7-5-405(a)(1) Form may be furnished by the County Clerk at least sixty (60) days before the election
RETURN THIS APPLICATION TO YOUR COUNTY CLERK