

APPLICATION FOR ABSENTEE BALLOT

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.

TO: Sharon Brooks, COUNTY CLERK
PO BOX I089
FORT SMITH, AR 72902

DATE _____
PHONE - (479) 782-5065
FAX - (479) 784-1567

Precinct _____

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 residence 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 [application valid for one election & runoff]
 outside the county in which I am registered to vote [application valid for current calendar year]
 outside territorial limits of US or District of Columbia [application valid for 2 federal general elections]

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

- Nonpartisan Judicial General Election only
 Democratic Preferential Primary / Nonpartisan Judicial General Democratic Runoff
 Republican Preferential Primary / Nonpartisan Judicial General Republican Runoff
 General Election and Runoff Annual School Election and Runoff
 Special Election on _____ (Date) and Runoff, if applicable
 All Elections for current calendar year. *I am disabled, in a long-term care facility, or living outside the county.*
[DESIGNATE PARTY]: Democratic Republican
 All Elections through the next 2 Federal General Election cycles. *I am a uniformed services personnel, a US citizen residing outside the US territorial limits and DC, a merchant marine, or the spouse or dependent of these voters.*

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.
 Mail. I request that you mail my ballot to the following address.

- Designated Bearer, Administrator, or Authorized Agent. _____ [INSERT NAME]

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 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

Residence Address of Voter

Date of Birth of Voter

City or Town, Zip Code

Signature of Bearer, Administrator, or Agent