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.

TO COUNTY CLERK: Sharon Brooks
35 S 6th St Rm 102
Fort Smith, AR 72901

DATE: ______________________

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.

CALL 479-782-5065 FOR THE CLERK’S ADDRESS