APPLICATION FOR ABSENTEE BALLOT

(Revised 6/03)

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

TO: Boone County
Crystal Graddy, County Clerk
100 N Main Ste 201
Harrison, AR 72601

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

[ ] I will be unavoidably absent from my polling location on Election Day
[ ] I will be unable to attend the poll 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 that I am registered to vote (application valid for on election 7 runoff)
[ ] outside the county in which I am registered to vote (application valid for current calendar year)
[ ] outside territorial limits of U.S. or District of Columbia (application valid through 2 federal general elections if requested below)

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

[ ] Nonpartisan Judicial General Election only
[ ] Democratic Preferential Primary/ Nonpartisan Judicial General and Runoff
[ ] Republican Preferential Primary/Nonpartisan Judicial General and 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 a voter with a disability, 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 U.S. citizen residing outside the U.S. territorial limits and the District of Columbia.*
[ ] Special Absentee Ballot (General Primary Election/General Runoff Election) *I am an active duty military personnel stationed overseas*

- **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(s) to the following address:

_____
_____
_____

[ ] Designated Bearer, Administrator, or Authorized Agent. _____
[Insert Name]

Note: A designated bearer may only pick up 2 absentee ballots and may only do so within the 15 days before a preferential primary or general election or the 7 days before a general primary election. Anyone may distribute blank absentee ballot applications.

The information that I provided is true and correct 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 $10,000 or imprisonment for up to 10 years, or both 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

Return this application to your County Clerk. Call (870) 741-8428 if you have any questions.