Emergency Ballot Request Form

By signing this statement, I am signing an affidavit where, UNDER PENALTY OF

|  |  |
| --- | --- |
| PERJURY, I affirm that I,  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Requestor’s Name* |

presented valid identification to the poll worker that accurately identifies me as the person indicated; and that I am requesting an emergency ballot in behalf of

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Voter’s Name* | because they are: |

* Confined in hospice care; or
* Confined in a treatment facility; or
* Confined to a long-term care institution facility; or
* Due to age or illness is restricted in the ability to travel from the voter’s permanent or temporary residence; and

I am obtaining the ballot at the request of the hospitalized voter; and I will not request, persuade, or otherwise induce the voter to vote for or vote against any particular candidate or issue; and I will not alter the voter’s votes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Requestor Date*

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*Election Officer Signature Date*