Application for Absent Voter's Ballot (Rev. 12/11)

ID#_____ Ballot #_____
Sub _____ Ward_____ Pct_____
School _____ House_____
Date _____
THIS BOX IS FOR BOARD USE ONLY

LAKE COUNTY BOARD OF ELECTIONS
ABSENTEE DEPARTMENT
PO BOX 490
PAINESVILLE, OH 44077-0490
440-350-2700

Please Print or Type

VOTER'S REGISTRATION INFORMATION:

Voter's Name_____

Home Address_____

City, Village, or Post Office _____

County_____ **Zip Code**_____

Fill this section in ONLY if ballot is to be mailed to a different address.

Address_____

_____

City/State/Zip_____

_____

Phone Number: _____ (Optional)

YOU MUST PROVIDE:

***DATE OF BIRTH:** _____/_____/_____ (as required by Law)

*AND **ONE** OF THE FOLLOWING (as required by Law):

☐ The Last Four Digits of your Social Security Number: ___ ___ ___ ___

☐ Your Ohio Drivers License #: ___ ___ ___ ___ ___ ___ ___ ___

☐ A copy of a current valid photo ID, a military identification, a current utility bill (within the last 12 months), bank statement, government check, paycheck or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and current address.
(IF YOU DO NOT PROVIDE LAST FOUR OF SS # OR DRIVERS LICENSE #, ENCLOSE A COPY WITH THIS APPLICATION)

I wish to vote in the ELECTION to be held on: _____

☐ **PRIMARY ELECTION:** **Indicate the type of ballot:** _____
BALLOT TYPE OPTIONS: *DEMOCRATIC REPUBLICAN ISSUES ONLY CONSTITUTION GREEN LIBERTARIAN SOCIALIST*

☐ **GENERAL ELECTION** ☐ **SPECIAL ELECTION**

A separate application must be completed for *each* election that you wish to vote an Absentee Ballot.

I wish to have a ballot mailed to me at the address listed above. I understand that if a ballot is mailed to me and I change my mind and appear at my polling place to vote on Election Day, I will be required to vote a provisional ballot that can not be counted until at least 10 days after the election.

I hereby declare, under penalty of election falsification, I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.

X_____ _____

Signature of Voter **Date Signed**

YOU MUST PROVIDE ALL INFORMATION AND SIGN THIS REQUEST OR IT WILL NOT BE PROCESSED!

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.