

APPLICATION FOR ABSENTEE BALLOT

This form is good for one calendar year only.

OFFICIAL USE ONLY
Prec # _____
Leg Dist # _____

Date: _____

County: _____

I, *(Please print full name.)* _____,
hereby make application for an absentee ballot or ballots to be voted at the election held on: *(Check the box to the left of the election or elections this application is to be used for.)*

- All Elections I am eligible for this calendar year.**
- 2nd Tuesday in March (School Bond or Levy)
 - 3rd Tuesday in May (Primary Election and/or Taxing Districts Elections)
 - Last Tuesday in August (School Bond or Levy)
 - Tuesday following 1st Monday in November (General Election and/or Taxing Districts Election)
 - Special Emergency Election to be held on _____.

My home address is: _____ in
(House Number and Street Name - NO PO Box Address)

_____, and I am duly registered in _____ County, Idaho.
(City) (County Name)

In case we need to contact you with questions: (This Information will be public record.)

(_____) _____ - _____
Phone Number

Email Address

Please mail the ballot(s) to me at the following address:

(Voter Name)

(Mailing Address)

(City, State and Zip Code)

REGISTERED VOTER MUST PERSONALLY SIGN

(Voter Signature)

Please mail this form to 206 1st Ave S. Suite 200 Hailey ID 83333 or Email: election@blainecounty.org or Fax (208) 788-5501