

APPLICATION FOR ABSENTEE BALLOT

(Revised 11/07)

For Office Use Only

Registrant ID # _____

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.

Prec. Sp.: Prec: Ward: SD: SDZ: JP: Rep: Sen: Con: Ts: DC:

TO: COUNTY CLERK
_____ COUNTY, AR

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
- 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 uniformed services of the United States *in active service*
- I am a United States citizen residing outside the territorial limits of the U.S.

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

- Presidential Preferential Primary Election (*Indicate Political Party Preference* _____)
- Nonpartisan Judicial General Election only
- Preferential Primary /Nonpartisan Judicial General & Preferential Primary Runoff
(*Indicate Political Party Preference* _____)
- 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*. **[INDICATE POLITICAL PARTY PREFERENCE]:** _____
- All Elections through the next 2 **Federal General Election** cycles. I am a *U.S. citizen temporarily residing outside the territorial limits of the U.S.*

► 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 to the following address:

Designated Bearer, Administrator, or Authorized Agent. _____ [PRINTED NAME]

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

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 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 _____

Residence Address of Voter _____

Date of Birth of Voter _____

City or Town, Zip Code _____

Signature of Bearer, Administrator, or Agent _____

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 (870) 246-4491 FOR THE CLERK'S ADDRESS**