*Indicates required informa	tion STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM	FOR OFFICE USE ONLY	
	<u>Last</u> Suffix		
YOUR NAME* AND	First Middle		
DATE OF BIRTH*	Date of Birth (month, day, year),/,,/,		
	lowa Driver's License or Non-Operator ID Number:	Revised June 2021 Voters who do not appear in the lowa Dept. of	
ID NUMBER*	OR	Transportation's Driver's License or Non-Operator ID files are mailed an lowa Voter	
Complete <mark>one</mark>	Four-digit Voter PIN (can be found on Voter Identification Card):	Identification Card at the time of registration. Any voter may request a Voter Identification Card.	
	Home Street Address (Salada and Inc. of Salada (Salada)		
YOUR IOWA	Home Street Address (include apt, lot, etc. if applicable)		
RESIDENTIAL City Zip You must be registered to vote in the county to receive an absentee hallot. If you		County	
ADDILEGG	You must be registered to vote in the county to receive an absentee ballot. If you are registered to volving your voter registration if the information provided on this form is different than the information on you	**	
WHERE YOUR	Mailing Address/P.O. Box		
ABSENTEE BALLOT	City		
SHOULD BE MAILED If different than above		Zip	
CONTACT INFO	Country (other than USA)	Do not add this contact	
Important	Phone Email	bo not add this contact info to my voter record	
ELECTION DATE OR Type*	Election Date: 0 1 / 2 5 / 2 0 2 2	2000 1000 000 2001	
Choose only one election.	OR General Primary City/School 🗹 Special	: Milford City Special	
PRIMARY ELECTION ONLY	Check one political party Democratic Republican		
REQUESTER AFFIDAY	/IT* I swear or affirm that I am the person named above and I am a registered voter or I am ent	titled to register at the address listed on this form.	
Powers of attorney do not have legal authority to	I am eligible to receive and vote an absentee ballot for the elec	-	
request an absentee ballot on behalf of another.	Signature: X	Date	
*Indicates required informa	tion STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM	FOR OFFICE USE ONLY	
*Indicates required informa	STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM Last Suffix	FOR OFFICE USE ONLY	
*Indicates required information of the second of the secon	<u>Last</u> Suffix	FOR OFFICE USE ONLY	
	Last Suffix First Middle		
YOUR NAME* AND	Last Suffix First Middle Date of Birth (month, day, year)/	Revised June 2021	
YOUR NAME* AND DATE OF BIRTH* ID NUMBER*	Last Suffix First Middle		
YOUR NAME* AND DATE OF BIRTH*	Last Suffix First Middle Date of Birth (month, day, year)//	Revised June 2021 Voters who do not appear in the lowa Dept. of Transportation's Driver's License or	
YOUR NAME* AND DATE OF BIRTH* ID NUMBER*	Last Suffix First Middle Date of Birth (month, day, year)//	Revised June 2021 Voters who do not appear in the lowa Dept. of Transportation's Driver's License or Non-Operator ID files are mailed an lowa Voter Identification Card at the time of registration.	
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