

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
*Indicates required information	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Last _____</div> <div style="width: 45%;">Suffix _____</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">First _____</div> <div style="width: 45%;">Middle _____</div> </div> <hr/> Date of Birth (month, day, year) ____/____/____	Revised June 2021
YOUR NAME* AND DATE OF BIRTH*		
ID NUMBER*	Iowa Driver's License or Non-Operator ID Number: _____ OR Four-digit Voter PIN (can be found on Voter Identification Card): _____	Voters who do not appear in the Iowa Dept. of Transportation's Driver's License or Non-Operator ID files are mailed an Iowa Voter Identification Card at the time of registration. Any voter may request a Voter Identification Card.
YOUR IOWA RESIDENTIAL ADDRESS*	Home Street Address (include apt, lot, etc. if applicable) _____ <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City _____</div> <div style="width: 30%;">Zip _____</div> <div style="width: 30%;">County _____</div> </div> <p style="font-size: x-small;"><i>You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.</i></p>	
WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED	Mailing Address/P.O. Box _____ <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">City _____</div> <div style="width: 30%;">State _____</div> <div style="width: 30%;">Zip _____</div> </div> <hr/> Country (other than USA) _____	
CONTACT INFO	Important Phone _____ Email _____	<input type="checkbox"/> Do not add this contact info to my voter record
ELECTION DATE OR TYPE*	Election Date: <u>0</u> <u>1</u> / <u>2</u> <u>5</u> / <u>2</u> <u>0</u> <u>2</u> <u>2</u> OR <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> City/School <input checked="" type="checkbox"/> Special: <u>Milford City Special</u>	
PRIMARY ELECTION ONLY	Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Republican	
REQUESTER AFFIDAVIT*	<i>I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.</i>	
Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.	Signature: X	Date

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