

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

FOR OFFICE USE ONLY

| | | | | |
|--|---|----------------------------------|---|---|
| Last _____ | | Suffix _____ | | Revised December 2022 |
| First _____ | | Middle _____ | | |
| Date of Birth (month, day, year) ____/____/____ | | | | |
| YOUR NAME AND DATE OF BIRTH | Iowa Driver's License or Non-Operator ID Number: _____ | | | 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. |
| ID NUMBER | OR _____ | | | |
| Complete one | Four-digit Voter PIN (found only on Voter Identification Card): _____ | | | |
| YOUR IOWA RESIDENTIAL ADDRESS | Home Street Address (include apt, lot, etc. if applicable) _____ | | | |
| | City _____ | Zip _____ | County _____ | |
| | 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. | | | |
| WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED if different than above | Mailing Address/P.O. Box _____ | | | |
| | City _____ | State _____ | Zip _____ | |
| | Country (other than USA) _____ | | | |
| CONTACT INFO | Phone _____ | Email _____ | <input type="checkbox"/> DO NOT ADD THIS INFORMATION TO MY VOTER RECORD | |
| ELECTION DATE OR TYPE | Election Date: ____/____/____ | | | |
| Choose only one election | OR | <input type="checkbox"/> General | <input type="checkbox"/> Primary | <input type="checkbox"/> City/School |
| | | | <input type="checkbox"/> Special: _____ | |
| PRIMARY ELECTION ONLY | Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican | | | |
| REQUESTER AFFIDAVIT | 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. | | | |
| Powers of attorney do not have legal authority to request an absentee ballot on behalf of another. | Signature: X _____ | Date _____ | | |

ABSENTEE BALLOT REQUEST FORM INSTRUCTIONS

A written application for a mailed absentee ballot must be received by the voter's County Auditor no later than 5:00 p.m. 15 days before the election.

In order to receive an absentee ballot, a registered voter **MUST** provide the following necessary information:

1. Name
2. Date of birth
3. Iowa residential address
4. Voter Verification Number (ID Number)
 - Iowa Driver's License or Non-Operator ID Number **OR**
 - Four digit Voter PIN located on the voter's Iowa Voter ID Card
5. The name or date of the election for which you are requesting an absentee ballot
6. Party affiliation - only required for Primary Elections
7. Signature and date the form was completed

All voters are encouraged to provide their phone number and/or email address in the event their County Auditor needs to confirm any information on the request form.

Questions call 641-421-3041 or email tsiemers@cgcounty.org
 Cerro Gordo County Auditor
 220 N Washington Ave
 Mason City IA 50401