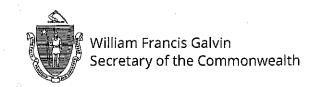
Vote By Mail Accessible Application



birth and email address. Name Address of Voter Registration:	
	Phone Number (optional):
E-mail Address (required):	
ballot option if you are not registered in a party. mail or by hand, provide your mailing address for	allot(s) you want to receive by mail. Choose a primary If you want to print your marked ballot and return by or the local election official to send you the appropriate ectronically, you do not need to provide a mailing address.
Elections:	Primary Ballot (choose one):
All Elections This Year	O Democratic
A Specific Election (specify date):	Republican
	O Libertarian
	O No Primary Ballots
Mailing Address	·
Section 3 - Accommodations: Check the approp	oriate boxes to request an accommodation.
Voter seeks access to the Accessible Vote mark a paper ballot.	by Mail system because voter is unable to independently
Voter signed with a typewritten name bec signature.	ause they cannot independently insert a hand-drawn
	ne complete this application, or you're requesting a ballot re assisting the voter, sign the voter's name below. If you ame below.
\square Voter required assistance in completing a	pplication due to physical disability
Assisting person's name:	
Assisting person's address:	
\square This application is being made by a family	/ member
	Date:
Submitting the Application: Send this complete	ed application to the local election office for your city or

Application Deadlines: This application must reach your local election office by 5 p.m. on the fifth business day before Election Day.

VOTE (8683).