

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
YOUR NAME AND DATE OF BIRTH	Last _____ Suffix _____ First _____ Middle _____ Date of Birth (month, day, year) ____/____/____	Revised December 2022
ID NUMBER Complete one	Iowa Driver's License or Non-Operator ID Number: _____ OR Four-digit Voter PIN (found only 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) _____ City _____ Zip _____ County _____ <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>	
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 Important	Phone _____ Email _____	<input type="checkbox"/> DO NOT ADD THIS INFORMATION TO MY VOTER RECORD
ELECTION DATE OR TYPE Choose only one election	Election Date: 1_1_/0_5_/2_0_2_4 OR <input checked="" 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>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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Vote from home!

Complete the form, place in envelope, adhere first class stamp, and mail to:

Polk County Election Office
120 Second Ave
Des Moines, IA 50309

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

1. Name
2. Date of birth
3. Iowa Driver's License or Non-Operator ID **OR** Four digit Voter PIN
4. Address
5. **Signature AND Date**

All voters are encouraged to provide their phone number and email address
in case the Election Office needs to get in touch.

This form is due **AT** the Polk County Election Office **NO** later than 5 PM, **Oct 21, 2024**
Completed forms may also be hand-delivered during normal business hours.

Questions? Call the Election Office at 515-286-3247

Ballots are mailed beginning Oct 16, 2024 | Track your ballot: VotePolk.com

PAID FOR BY POLK COUNTY DEMOCRATS



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