*Indicates required informa	ation S T	TATE OF IOWA C	THEIRE MUSELVIEL BY	TELOT REQUEST			FOR OFFICE USE ONLY
	<u>Last</u>	Last Suffix					
YOUR NAME* AND	First Middle						
DATE OF BIRTH*	Date of Birth (month, day, year) //						D J L-l 2010
	lowa Driver's License or Non-Operator ID Number:						Revised July 2018
ID NUMBER	OR						
	Four-digit Voter PIN (can be found on Voter Identification Card): Voters without an Iowa Driver's License or Non-Operator ID number are mailed an Iowa Voter Identification Card at the time of registration.						
Va	Home Street Address (include apt, lot, etc. if applicable)						
YOUR IOWA RESIDENTIAL			.,	7in			`auntu.
ADDRESS*	City Zip You must be registered to vote in the county to receive an absentee ballot. If you are registered to v					ounty onty, this form will be used to update	
	your voter registrat	tion if the informat	tion provided on this form	is different than th	he information o	n your registrat	ion record.
WHERE YOUR	Mailing Addres	ss/P.O. Box					
ABSENTEE BALLOT SHOULD BE MAILED	City		St	ate		Zip	
If different than above	Country (other	r than USA)					
CONTACT INFO Important	Phone	,	Er	nail			Do not add this contact info to my voter record
ELECTION DATE OR	Election		/				into to my voter record
TYPE* Choose only one election.	OR	General	Primary	School	City	Special:	
PRIMARY ELECTION	Check one p	oolitical party	Democratic		Libertarian		Republican
ONLY							
D=0	* .						
REQUESTER AFFIDAN Powers of attorney do not	VIT* I swear or a		person named above an				
Powers of attorney do not have legal authority to request an absentee ballot		10				lection indicated	
Powers of attorney do not have legal authority to	VIT* I swear or aj	10					
Powers of attorney do not have legal authority to request an absentee ballot		10				lection indicated	
Powers of attorney do not have legal authority to request an absentee ballot	Signature: X	(am eligible to receive and	l vote an absentee	e ballot for the e	lection indicated	d above.
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Powers of attorney do not have legal authority to request an absentee ballot on behalf of another. *Indicates required informations and the second s	Signature: X	(am eligible to receive and	l vote an absentee	e ballot for the e	lection indicated	d above.
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Check one political party

Signature: X

ONLY

REQUESTER AFFIDAVIT*

Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.

☐ Democratic

Libertarian

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.

Republican

Date