

*Indicates required information

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

FOR OFFICE USE ONLY

YOUR NAME* AND DATE OF BIRTH*

Last _____
First _____
Middle _____ Suffix _____
Date of Birth (month, day, year) ____ / ____ / ____

Revised 7/1/2014

ID NUMBER
(Check and complete one)

Iowa Driver's License or Non-Operator ID Number: _____
 Last Four Digits of Social Security Number: X X X - X X - _____

YOUR IOWA RESIDENTIAL ADDRESS*

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.

Home Street Address (include apt, lot, etc. if applicable) _____
City _____ Zip _____ County _____

WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED
(If different than above)

Address/P.O. Box _____
City _____ State _____ Zip _____
Country (other than USA) _____

CONTACT INFO

Phone _____ Email _____

ELECTION TYPE OR DATE*
(Provide election type or date. Choose only one election.)

General Primary School City Special: _____
OR Election Date: ____ / ____ / ____

PARTY AFFILIATION

Primary Elections Only: check one political party Democratic Republican

REQUESTER AFFIDAVIT*
(Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.)

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.

Signature _____ Date _____

Mail to
Polk County Election Office
120 2nd Ave., Suite A
Des Moines, Iowa 50309