

Application for Ballot by Mail

Prescribed by the Office of the Secretary of State of Texas
A5-15 12/17

For Official Use Only
VUID #, County Election Precinct #,
Statement of Residence, etc.

173711

1	Last Name (Please print information)	Suffix (Jr., Sr., III, etc)	First Name	Middle Initial
2	Residence Address: See back of this application for instructions.		City	,TX ZIP Code
3	Mail my ballot to: If mailing address differs from residence address, please complete Box # 7.		City	State ZIP Code
4	Date of Birth (mm/dd/yyyy) (Optional)	Contact Information (Optional)* Please list phone number <u>and/or</u> email address: * Used in case our office has questions.		

5	Reason for Voting by Mail:	7	If you are requesting this ballot be mailed to a different address (other than residence), indicate where the ballot will be mailed. See reverse for instructions.
	<input type="checkbox"/> 65 years of age or older. (Complete Box #6a) <input type="checkbox"/> Disability. (Complete Box #6a) <input type="checkbox"/> Expected absence from the county. (Complete Box #6b and Box #8) You will receive a ballot for the upcoming election <u>only</u> <input type="checkbox"/> Confinement in jail. (Complete Box #6b) You will receive a ballot for the upcoming election <u>only</u>		<input type="checkbox"/> Mailing Address as listed on my voter registration certificate <input type="checkbox"/> Address of the jail <input type="checkbox"/> Nursing home, assisted living facility, or long term care facility <input type="checkbox"/> Relative; relationship _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Address outside the county (see Box #8) <input type="checkbox"/> Retirement Center

6a ONLY Voters 65 Years of Age or Older or Voters with a Disability:
If applying for one election, select appropriate box.
If applying once for elections in the calendar year, select "Annual Application."

Annual Application

Uniform and Other Elections:	Primary Elections:
<input type="checkbox"/> May Election	You must declare <u>one</u> political party to vote in a primary:
<input type="checkbox"/> November Election	<input type="checkbox"/> Democratic Primary
<input type="checkbox"/> Other _____	<input type="checkbox"/> Republican Primary
<input type="checkbox"/> Any Resulting Runoff	

8 If you selected "expected absence from the county," see reverse for instructions

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	-	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Date you can begin to receive mail at this address						Date of return to residence address				

9 Voters may submit a completed, signed, and scanned application to the Early Voting Clerk at:

Shock@co.polk.tx.us 936-327-6855
 (early voting clerk's e-mail address) (early voting clerk's fax)

NOTE: If you fax or e-mail this form, please be aware that you must also mail the form to the early voting clerk within four business days. See "Submitting Application" on the back of this form for additional information.

6b ONLY Voters Absent from County or Voters Confined in Jail:
You may only apply for a ballot by mail for one election, and any resulting runoff.
Please select the appropriate box.

Uniform and Other Elections:	Primary Elections:
<input type="checkbox"/> May Election	You must declare <u>one</u> political party to vote in a primary:
<input type="checkbox"/> November Election	<input type="checkbox"/> Democratic Primary
<input type="checkbox"/> Other _____	<input type="checkbox"/> Republican Primary
<input type="checkbox"/> Any Resulting Runoff	

10 "I certify that the information given in this application is true, and I understand that giving false information in this application is a crime."

→ **X** _____ Date

SIGN HERE
If applicant is unable to sign or make a mark in the presence of a witness, the witness shall complete Box #11.

If someone helped you to complete this form or mails the form for you, then that person must complete the sections below.

11 See back for Witness and Assistant definitions.

If applicant is unable to mark Box #10 and you are acting as a **Witness** to that fact, please check this box and sign below.

If you assisted the applicant in completing this application in the applicant's presence or e-mailed/mailed or faxed the application on behalf of the applicant, please check this box as an **Assistant** and sign below.

* If you are acting as **Witness and Assistant**, please check both boxes. Failure to complete this information is a Class A misdemeanor if signature was witnessed or applicant was assisted in completing the application.

X _____ Signature of Witness /Assistant	X _____ Printed Name of Witness/Assistant
Street Address Apt Number (if applicable)	City
State	ZIP Code

Witness' Relationship to Applicant
(Refer to Instructions on back for clarification)
