

APPLICATION FOR ABSENTEE BALLOT

This form is good for one calendar year in Ada County only.

Find us at adacountyelections.com or call at 208-287-6860

OFFICIAL USE ONLY

Prec # _____

Leg Dist # _____

Date: _____

I, *(Please print full name.)* _____, hereby make application for an absentee ballot or ballots to be voted at the election held on: *(Check the box to the left of the election or elections this application is to be used for.)*

All Elections I am eligible for this calendar year

2nd Tuesday in March (School Bond or Levy)

Last Tuesday in August (School Bond or Levy)

3rd Tuesday in May (Primary and/or Taxing District Elections)

Tuesday following 1st Monday in November

Special Emergency Election to be held on _____.

(General and/or Taxing District Elections)

My home address is: _____ in _____,
(House Number, Street Name, Unit Number - NO PO Box Address) *(City)*

and I am duly registered in _____ County, Idaho.
(County Name)

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Return to Ada County Elections By:

Mail: 400 N Benjamin Ln, Ste #100 Boise, ID 83704

E-Mail: elections@adacounty.id.gov

Fax: 208-287-6939

Please mail the ballot(s) to me at the following address:

(Mailing Address- House Number, Street Name, Unit Number or PO Box)

In case we need to contact you with questions: (This Information will be public record.)

(City, State and Zip Code)

Phone Number: (_____) _____ - _____

REGISTERED VOTER MUST PERSONALLY SIGN

Email Address: _____

(Voter Signature)