

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
*Indicates required information	<div style="display: flex; justify-content: space-between;"> Last _____</div> <div style="display: flex; justify-content: space-between;"> First _____</div> <div style="display: flex; justify-content: space-between;"> Date of Birth (month, day, year) ____/____/____ </div>	<div style="display: flex; justify-content: space-between;"> Suffix _____</div> <div style="display: flex; justify-content: space-between;"> Middle _____</div>
YOUR NAME* AND DATE OF BIRTH*	Revised July 2018	
ID NUMBER Not Required	Iowa Driver's License or Non-Operator ID Number: _____ OR Four-digit Voter PIN (can be found on Voter Identification Card): _____ <small>Voters without an Iowa Driver's License or Non-Operator ID number are mailed an Iowa Voter Identification Card at the time of registration.</small>	
YOUR IOWA RESIDENTIAL ADDRESS*	<small>Home Street Address (include apt, lot, etc. if applicable)</small> _____ <div style="display: flex; justify-content: space-between;"> City _____ Zip _____ County _____ </div> <small>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.</small>	
WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED <small>If different than above</small>	<div style="display: flex; justify-content: space-between;"> Mailing Address/P.O. Box _____</div> <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____</div> <div style="display: flex; justify-content: space-between;"> Country (other than USA) _____</div>	
CONTACT INFO <small>Important</small>	<div style="display: flex; justify-content: space-between;"> Phone _____ Email _____ </div> <div style="text-align: right; font-size: x-small;"> <input type="checkbox"/> Do not add this contact info to my voter record </div>	
ELECTION DATE OR TYPE* <small>Choose only one election.</small>	<div style="display: flex; justify-content: space-between;"> Election ____/____/____</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> OR <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> School <input type="checkbox"/> City <input type="checkbox"/> Special: _____ </div>	
PRIMARY ELECTION ONLY	<small>Check one political party</small> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican </div>	
REQUESTER AFFIDAVIT* <small>Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.</small>	<p style="text-align: center; font-size: x-small;"><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></p> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature: X _____</div> <div style="text-align: right; font-size: x-small;"> Date _____ </div>	

Mail your Absentee Ballot Request Form to the Scott County
Auditors Office - 600 W 4th St., Davenport, IA 52801