

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
*Indicates required information		
YOUR NAME* AND DATE OF BIRTH*	Last _____	Suffix _____
	First _____	Middle _____
	Date of Birth (month, day, year) ____/____/____	
Revised July 2018		
ID NUMBER	Iowa Driver's License or Non-Operator 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.		
YOUR IOWA RESIDENTIAL ADDRESS*	Home Street Address (include apt, lot, etc. if applicable) _____	
	City _____	Zip _____
	County _____	
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.		
WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED <small>If different than above</small>	Mailing Address/P.O. Box _____	
	City _____	State _____
	Zip _____	
Country (other than USA) _____		
CONTACT INFO <small>Important</small>	Phone _____	Email _____
<input type="checkbox"/> Do not add this contact info to my voter record		
ELECTION DATE OR TYPE* <small>Choose only one election.</small>	Election ____/____/____	
	OR <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> School <input type="checkbox"/> City <input type="checkbox"/> Special: _____	
PRIMARY ELECTION ONLY	Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican	
REQUESTER AFFIDAVIT* <small>Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.</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>	
	Signature: X _____	Date _____

**PLEASE MAIL COMPLETED FORM TO:
POLK COUNTY ELECTION OFFICE
120 2ND AVENUE, SUITE A
DES MOINES, IA 50309**

August 2, 2018.

Edits made as a result of the district court temporary injunction