	Same of the			_
*Indicates required informa	ation STATE OF I	OWA OFFICIAL ABSENTEE BALLOT REQUES	T FORM	FOR OFFICE USE ONLY
	Last	Suffix		
YOUR NAME* AND DATE OF BIRTH*	First	Middle		
DATE OF DIKIT	Date of Birth (month, day, year)/			Revised October 2019
· _ · •	Iowa Driver's License or No	n-Operator ID Number:		Voters who do not appear in the Iowa Dept. of
ID NUMBER*	OR			Transportation's Driver's License or Non-Operator ID files are mailed an Iowa Voter
Complete one	Four-digit Voter PIN (can be	found on Voter Identification Card):		Identification Card at the time of registration. Any voter may request a Voter Identification Card.
Your Iowa	Home Street Address (include	pt, lot, etc. if applicable)		
RESIDENTIAL		7:-		
ADDRESS*	City You must be reaistered to voi	Zip e in the county to receive an absentee ballot. If you	u are registered to vote in the c	County county, this form will be used to update
1.2 2	_	nformation provided on this form is different than	•	* *
WHERE YOUR	Mailing Address/P.O. Bo	(
ABSENTEE BALLOT	City	State	Zip	
SHOULD BE MAILED If different than above) —		_P	
	Country (other than USA)		
CONTACT INFO Important	Phone	Email		Do not add this contact info to my voter record
ELECTION DATE OR	Election			
TYPE* Choose only one election.	OR G	neral Primary City/Scho	ool Special:	
PRIMARY ELECTION	Check one political par	ty Democratic Republic	an	
ONLY				
REQUESTER AFFIDAY Powers of attorney do not	VIT* I swear or affirm that	am the person named above and I am a register I am eligible to receive and vote an absente		
have legal authority to		, w	e wanter joi till did in	teu abore.
request an absentee ballot on behalf of another.	Signature: X		Date	
*Indicates required informa	STATE OF I	OWA OFFICIAL ABSENTEE BALLOT REQUES	T FORM	FOR OFFICE USE ONLY
	Last	Suffix		
YOUR NAME* AND	First	Middle		
DATE OF BIRTH*	Date of Birth (month, day, ye			Parisad October 2010
<u> </u>	Iowa Driver's License or No			Revised October 2019 Voters who do not appear in the lowa Dept. of
ID NUMBER*	OR			Transportation's Driver's License or Non-Operator ID files are mailed an Iowa Voter
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RESIDENTIAL	·			
ADDRESS*	City You must be reaistered to voi	Zip e in the county to receive an absentee ballot. If you	u are registered to vote in the c	County county, this form will be used to update
		information provided on this form is different than		
WHERE YOUR	Mailing Address/P.O. Bo	K		

ABSENTEE BALLOT City **SHOULD BE MAILED** If different than above Country (other than USA) CONTACT INFO Important Do not add this contact info to my voter record Phone Email **ELECTION DATE OR** Election Primary ☐ General City/School OR Special: Choose only one election. PRIMARY ELECTION ☐ Democratic Check one political party Republican ONLY **REQUESTER AFFIDAVIT*** 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. Powers of attorney do not have legal authority to request an absentee ballot on behalf of another. Signature: X Date