

Request for Polling Place Change or Absentee Ballot

The completed form must be mailed or delivered in person to your Board of Elections at least 21 days before the first election for which it is to be effective. The Board of Elections will do its best to accommodate your request, but if it is not possible to assign you to an accessible or alternate polling place, the board will notify you and issue you an absentee ballot. Please check the box that explains why you are requesting a polling place change or an absentee ballot.

I am a registered voter and:

1. I am 65 years of age or older and/or I have a disability, and my polling place is not structurally barrier free or otherwise accessible to me.

I am requesting reassignment to an accessible polling place:

Until I provide further notice to the election office; or

For the following elections:

September 2006 Gubernatorial Primary Election

November 2006 Gubernatorial General Election

OR I am requesting an absentee ballot for:

September 2006 Gubernatorial Primary Election

November 2006 Gubernatorial General Election

2. I am applying for a polling place reassignment because I am the spouse or helper of an elderly voter or a voter with a disability who has been reassigned to a new polling place. I am registered to vote in the same county and vote the same ballot style as the elderly voter or voter with a disability and wish to be reassigned to the same polling place as the elderly voter or voter with a disability.

Printed Name of Elderly Voter or Voter with a Disability: _____

3. I am applying for polling place reassignment because entering my polling place conflicts with my bona fide religious beliefs and practices.

Printed Name of Voter: _____ Voter's Date of Birth: _____

Residence Address of Voter: _____
 Number and Street City Zip

Mailing Address for Absentee Ballot (if different) _____
 Number and Street City State Zip

Signature of Voter

Date

Telephone Number

Did someone assist you in completing this form? Yes No

If yes, the individual who assisted you must read and complete the following: Under penalty of perjury, I hereby certify that the voter named above, who requires assistance because of disability or inability to read or write, authorized me to complete this form for him or her. If the voter was unable to sign this form, I have printed the voter's name, followed by my initials.

Signature of Assistant: _____ Date: _____

Printed Name of Assistant: _____

For Board of Elections Use Only: Approved Not approved - reason/date: _____

Comment/Action: _____ Voter reassigned to: _____ Voter provided Absentee Ballot

Date voter notified: _____ Signature of Board Official: _____