

APPLICATION FOR AN ABSENTEE BALLOT

FAX: 678-226-7209 or 7208

Scan to: absentee@gwinnettcountry.com

GWINNETT COUNTY, GEORGIA

*Please print and provide complete information so that we may verify your eligibility to vote. Unless you are elderly or physically disabled you may only request one ballot per application.*

General Information for All Voters

Last Name	First Name	Middle/Maiden	Date of Birth ____/____/____
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Complete Street address (address where you are registered to vote; do not use a PO Box or Business Address here)

Last four digits of Social - <i>Optional</i>	GA Driver's License or GA ID No. - <i>Optional</i>
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Contact Information – Please provide either an email address or daytime phone

Mail my ballot to this temporary out of county address or alternate address for a physically disabled voter.

Ballots may be requested up to 180 days prior to the election. I hereby request a ballot be issued to me for the following election:

April 3 Peachtree Corners Municipal Election Runoff

NOTE: Only voters who reside within the city limits of Peachtree Corners are eligible for this election.

**For Elderly and Disabled Voters ONLY**

**I wish to receive all ballots as allowed by law due to the following reason and I understand that I will be mailed ballots for this calendar year only and that I must reapply each year for absentee ballots to be mailed to me.**

- I am 75 years of age or older
- I am physically disabled

**To vote in primary election, you MUST choose a party preference:**

- Democrat *(includes Nonpartisan races)*
- Republican *(includes Nonpartisan races)*
- Nonpartisan *(Nonpartisan judges and questions only)*

If requesting your own ballot signature or mark of voter required here.

Signature or Mark of Voter **Required**

Signature of person preparing application if voter is disabled or illiterate.

**NOTE: The voter must sign or make a mark. If the signature does not match, the voter will be asked to update the registration**

If you are requesting a ballot for another voter, signature and reason required here.

You may apply on behalf of another person only in the following circumstances: in the case of a voter temporarily residing out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild son-in-law, daughter-in-law, mother-in-law, father-in-law, brother – in-law, sister-in-law of the age of 18 or over upon completing the following oath: I, the undersigned, do swear (or affirm) that the above-named voter is  Residing temporarily out of the county **or**;  is a physically disabled voter residing within the county, and the facts included in this application are true.

\_\_\_\_\_  
Signature and relationship of relative requesting Ballot – Required

<b>THIS SECTION FOR OFFICE USE ONLY</b> Pulled by: _____ Labeled by: _____ Packed by: _____	
<input type="checkbox"/> Is eligible <input type="checkbox"/> Is not eligible to receive an absentee ballot, Reason: _____	App. Received: _____
Signature of Registrar/Deputy Signature ✓ by: _____	Bal. Mailed: _____
REG NBR # _____	Bal. Received: _____
PRECINCT# _____	
COMBO # _____	
IDP: Y N BLANK _____	