



VOTER REGISTRATIONS & ELECTIONS
APPLICATION FOR OFFICIAL
ABSENTEE OR ADVANCE BY MAIL BALLOT

Return application one of the following ways:

- 1. Fax: 678.226.7208 2. Scan and email: absentee@gwinnettcountry.com 3. Mail: 455 Grayson Highway, Suite 200, Lawrenceville, GA 30046

STEP 1: Election Date:

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 (select only one date):

- November 3, 2020 General Election/Special Election
December 1, 2020 State and local General Election Runoff
January 5, 2021 Federal General Election Runoff

For Elderly and Disabled Voters ONLY:

You may choose to complete one application and receive a ballot for the Presidential Preference Primary, General Primary, General Primary Runoff (if any), General Election, and General Election Runoff (if any) by checking one of the following boxes:

- I am 65 years of age or older I have a physical disability

STEP 2: Voter Information (Please print):

Name as registered: Date of birth:

Residential Address as registered (no P.O. Box) - Street # and name:

Apartment #: City: State: ZIP code:

Phone (optional): Email (optional):

If this name and/or address doesn't match the information on file, please update my record.

Mail ballot to my temporary out-of-county address (or alternate address for physically disabled voter):

Street # and name or P.O. Box:

Apartment #: City: State: ZIP code:

GA DL or ID# (optional): or Last four digits of SSN (optional): Date: / /

STEP 3: Signature Information:

If requesting your own ballot, signature or mark of voter required. The voter must sign or make a mark. If the signature or mark does not match the signature or mark on file, the voter will be asked to update the registration record.

Signature or mark of voter: Date:

Sign and date if preparing this application for illiterate or disabled voter (Required):

If requesting a ballot for another voter, signature and reason required. 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): Date:

FOR OFFICE USE ONLY/SÓLO PARA USO DE OFICINA:

Registration#: Precinct#: Combo#:

Eligible Not eligible, reason: IDR: Y N PARTY: D R N

Signature of Registrar/Deputy:

Application Received Date:

Signature Checked By: Ballot Issued By:

Ballot Sorted By: Ballot Packed By:

Ballot Mailed Date:

Ballot Received Date:

