

City of Elko
Absentee *MAIL* Ballot Request

Nevada Voter Registration Card No.

Precinct

1.	First Name	Middle Name	Last Name
2.	Address where you live in the City of Elko		City Zip
	Is the above address a change of address from your previous voter registration? <input type="checkbox"/> yes <input type="checkbox"/> no		
3.	Address for mailing the absent ballot (if different from #2)		City Zip
4.	Mark election(s) for which you are requesting an absent ballot.		
	General		All
	<input type="checkbox"/>		<input type="checkbox"/>
5.	Please sign and date below		Check on of the boxes below if applicable.
	_____		<input type="checkbox"/> 65 Years of age or older
	(Signature)	(Date)	<input type="checkbox"/> Physically impaired
			<input type="checkbox"/> Disability

If you are a first time voter in Elko County and you registered by mail, your signature must be notorized.

State of _____ County of _____

This instrument was acknowledged before me on:

_____ By _____
Date Voter

Signature of notary officer

(Notary Stamp)