

This request must be received in the Registrar of Voters Office by 5:00 p.m. the Tuesday before the election.

	PRINT: FIRST NAME	MIDDLE NAME	LAST NAME
1			
	WASHOE COUNTY RESIDENCE ADDRESS	CITY	ZIP
2			
	ADDRESS FOR MAILING ABSENT BALLOT		
3			
4			
	PLEASE PROVIDE ONE OF THE FOLLOWING: SOCIAL SECURITY NUMBER, NEVADA DRIVER'S LICENSE NUMBER, IDENTIFICATION CARD NUMBER OR NEVADA VOTER REGISTRATION CARD NUMBER		
5	CHECK ELECTION(S) FOR WHICH YOU ARE REQUESTING AN ABSENT BALLOT: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> ALL (see 5a) (Check only if you meet the requirements of box 5a)	5a	COMPLETE THIS SECTION ONLY: If you are at least 65 years or physically impaired; list a description of your physical disability or condition below to receive an absent ballot for ALL elections this year: _____ _____ _____ _____ _____
6	PLEASE SIGN AND DATE BELOW: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> SIGNATURE DATE </div>		
WARNING!		FOR OFFICE USE ONLY	

Any person who registered to vote by mail and has not previously registered in Washoe County, shall, for the first election in which he votes, submit with this request, a copy of one of the following:

- a) current and valid photo ID
- b) utility bill
- c) bank statement
- d) government check
- e) other government document

that shows your name and your residence address

APPLICATION NUMBER _____	sig ok _____
PRECINCT NUMBER _____	date _____
PARTY AFFILIATION _____	initials _____
BALLOT NUMBER _____	