

*Indicates required information		STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY	
YOUR NAME* AND DATE OF BIRTH*		Last _____ First _____ Middle _____ Suffix _____ Date of Birth (month, day, year) ____/____/____		Revised 8/1/2013	
ID NUMBER <small>(Check and complete one)</small>		<input type="checkbox"/> Iowa Driver's License or Non-Operator ID Number: _____ <input type="checkbox"/> Last Four Digits of Social Security Number: X X X - X X - _____			
IOWA ADDRESS WHERE YOU ARE REGISTERED TO VOTE*		You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.			
		Street Address (include apt, lot, etc. if applicable) _____ City _____ Zip _____ County _____			
WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED <small>(if different than above)</small>		Address/P.O. Box _____ City _____ State _____ Zip _____ Country (other than USA) _____			
CONTACT INFO		Phone _____		Email _____	
ELECTION TYPE OR DATE* <small>(Provide election type or date)</small>		<input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> School <input type="checkbox"/> City <input type="checkbox"/> Special: OR Election Date: ____/____/____			
PARTY AFFILIATION		Primary Elections Only: check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Republican			
REQUESTER AFFIDAVIT* <small>(Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.)</small>		I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.			
		Signature _____		Date _____	

Complete the section below if you are a person soliciting absentee ballot request forms on behalf of a political party, candidate, or committee as defined by Iowa Code Chapter 68A and are using this form as a receipt. This section is not part of the official absentee ballot request form.

RECEIPT FOR ABSENTEE BALLOT REQUEST

This receipt should be left with the person requesting the ballot.

Voter's Name _____

Election Type or Date General Primary School City Special:
 OR Election Date: ____/____/____

Name of Political Agent _____ **Phone Number of Political Agent** () _____

Political Party, Candidate, or Committee _____

Date and Time Request Received by Agent _____

NOTICE TO VOTER

You have requested an absentee ballot. This form was given to you by a person (agent) who is working with a political party, candidate, or committee. The person may also be working for a committee working to pass or defeat a question on the ballot. The county auditor will mail your ballot to you.

Request forms solicited by a political party, candidate or committee as defined by Iowa Code chapter 68A are required by Iowa law to be delivered to the appropriate county auditor's office within 72 hours of the date and time this request form was received by the soliciting agent or by 5 p.m. on the Friday before the election, whichever is earlier.

The county auditor will mail you a ballot within 24 hours of receiving your request or within 24 hours of when the ballots are available. Ballots for primary and general elections are available 40 days before the election. Questions regarding this receipt should be directed to the political contact number listed above. Questions concerning your ballot should be directed to your county auditor.