## 2018 APPLICATION FOR ABSENTEE BALLOT

IF YOU PROVIDE FALSE INFORMA' AND SUBJECT TO A FINE OF UP	FOR OFFICE USE ONLY			
FOR OFFICE USE ONLY		PERSON BY BEARER PERSON BY BEARER		
O: Tena O'Brien, Benton County Clerk 215 E. Central Ave, Suite 217 Bentonville, AR 72712-5304	Date	9		
<ol> <li>I REQUEST AN ABSENTEE BALLOT BECAUSE [CHECK ONE]:</li> <li>I will be unavoidably absent from my polling site on Election Day.</li> <li>I will be unable to attend the polls on Election Day because of illness or physical disability.</li> <li>I will be unable to attend the polls on Election Day because I reside in a long-term care or residential facility licensed by the state.</li> <li>I will be unable to attend the polls on Election Day because I am a student.</li> </ol>			MUST PROVIDE ID: YES or NO  VOTER ID #	
2. I RESIDE [CHECK ONE ]:			PRECINCT SPLIT #	
[ ] within the county in which I am reg [ ] outside the county in which I am re [ ] outside the territorial limits of the U	gistered to vote	ates Citizen	PRECINCT DESCRIPTION CODE:	
3. I AM REQUESTING AN ABSE (Select ONLY one election or election cy		OLLOWING ELECTION		
[ ] Preferential Primary Election [ ] General Election (Novermber) [ ] Special Election Date:	and/o	or [] Preferential Primar or [] General Election R or [] Special Election Ru	unoff	
***** OR, IF ELIGIBLE: ****				
[ ] I am disabled or in a long-term care [ ] I am a uniformed services personned services personned that the application will be valid	Circle PARTY > Democration of the party of t	residing outside the U.S. to	artisan erritorial limits of the United States. I	
ections. ALL ELECTIONS	Circle PARTY > Democrati			
4. I WILL RECEIVE MY BALLO	T: [CHECK ONE ]:			
[ ] by coming to the office of the count	ty clerk by the time the county cle	erk's office regularly closes	on the day before the election.	
[ ] by mail (If ALL Elections, ALL ballots w	II be mailed). I request that you ma	il my ballot to the followin	g address: (PLEASE PRINT)	
		TELE	LEPHONE NUMBER	
		E-MA	IL ADDRESS	
[ ] by Designated Bearer, Administrate Note: a Designated Bearer can onl general election or the 7 days befo Authorized Agent and return it wit	y pick up 2 absentee ballots and cre a general primary election. Ad	an only do so within 15 da	ys before a preferential primary or agent must complete an Affidavit of	
NAME OF FACILITY WHERE VOTE	R RESIDES (For Administrator only)	SIGNATURE OF BEARE	R, ADMINISTRATOR, OR AGENT	
The information I ha	ave provided is true to the best	of my knowledge under p	enalty of perjury.	
DDINTED OF TWO	NE VOTED.		COR VOTER	
PRINTED OR TYPED NAME (	OF VOTER	SIGNATUR	E OF VOTER	