

# 2018 APPLICATION FOR ABSENTEE BALLOT

IF YOU PROVIDE FALSE INFORMATION ON THIS FORM, YOU MAY BE GUILTY OF PERJURY AND SUBJECT TO A FINE OF UP TO \$10,000 OR IMPRISONMENT FOR UP TO 10 YEARS.

## FOR OFFICE USE ONLY

REQUESTED BY: PHONE \_\_\_\_\_ IN PERSON BY BEARER  
SENT BY: MAIL FAX \_\_\_\_\_ IN PERSON BY BEARER  
RECEIVED BY: MAIL FAX \_\_\_\_\_ IN PERSON BY BEARER

## FOR OFFICE USE ONLY

MUST PROVIDE ID: YES or NO

VOTER ID # \_\_\_\_\_

PRECINCT SPLIT # \_\_\_\_\_

PRECINCT DESCRIPTION CODE:  
\_\_\_\_\_

TO: Tena O'Brien, Benton County Clerk  
215 E. Central Ave, Suite 217  
Bentonville, AR 72712-5304

Date \_\_\_\_\_  
Phone: (479) 271-1013  
Fax: (479) 271-1019

### 1. I REQUEST AN ABSENTEE BALLOT BECAUSE [CHECK ONE]:

- I will be unavoidably absent from my polling site on Election Day.  
 I will be unable to attend the polls on Election Day because of illness or physical disability.  
 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.  
 I will be unable to attend the polls on Election Day because I am a student.

### 2. I RESIDE [CHECK ONE]:

- within the county in which I am registered to vote  
 outside the county in which I am registered to vote  
 outside the territorial limits of the United States and I am a United States Citizen

### 3. I AM REQUESTING AN ABSENTEE BALLOT FOR THE FOLLOWING ELECTION

(Select ONLY one election or election cycle):

- Preferential Primary Election and/or  Preferential Primary Election Runoff  
 Nonpartisan General Election and/or  Nonpartisan General Election Runoff  
 Special Election Date: \_\_\_\_\_ and/or  Special Election Runoff Date: \_\_\_\_\_

\*\*\*\*\* OR, IF ELIGIBLE: \*\*\*\*\*

- I am disabled or in a long-term care facility or living outside the county and request **ALL ELECTIONS** for the 2017 calendar year.  
Circle PARTY > **Democratic Republican Non-Partisan**

I am a uniformed services personnel in active service, a U.S. citizen residing outside the U.S. territorial limits of the United States. I understand that the application will be valid through 1 regularly scheduled general election for federal office, including any resulting runoff elections. **ALL ELECTIONS** Circle PARTY > **Democratic Republican Non-Partisan**

### 4. I WILL RECEIVE MY BALLOT: [CHECK ONE]:

- by coming to the office of the county clerk by the time the county clerk's office regularly closes on the day before the election.  
 by mail (If ALL Elections, ALL ballots will be mailed). I request that you mail my ballot to the following address: **(PLEASE PRINT)**

\_\_\_\_\_  
TELEPHONE NUMBER  
\_\_\_\_\_  
E-MAIL ADDRESS  
\_\_\_\_\_

- by Designated Bearer, Administrator, or Authorized Agent (**Printed Name**) \_\_\_\_\_  
Note: a Designated Bearer can only pick up 2 absentee ballots and can only do so within 15 days before a preferential primary or general election or the 7 days before a general primary election. Administrator or Authorized Agent must complete an Affidavit of Authorized Agent and return it with the application.

NAME OF FACILITY WHERE VOTER RESIDES (For Administrator only) \_\_\_\_\_ SIGNATURE OF BEARER, ADMINISTRATOR, OR AGENT \_\_\_\_\_

The information I have provided is true to the best of my knowledge under penalty of perjury.

\_\_\_\_\_  
PRINTED OR TYPED NAME OF VOTER

\_\_\_\_\_  
SIGNATURE OF VOTER

\_\_\_\_\_  
BENTON COUNTY RESIDENCE ADDRESS OF VOTER, with CITY, STATE & ZIP CODE

\_\_\_\_\_  
DATE OF BIRTH