

2021 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

TO: Betsy Harrell, Benton County Clerk
215 E. Central Ave, Suite 217
Bentonville, AR 72712-5304

Date _____
Phone: (479) 271-1013
Fax: (479) 271-1019
Email: absentee@bentoncountyar.gov

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.

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):

- Annual School Election and/or Annual School 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 2021 calendar year.

Circle PARTY > **Democratic Republican Nonpartisan**

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 Nonpartisan**

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