

COMPLETE ALL 6 SECTIONS OF THE APPLICATION

SECTION 1: PLEASE SELECT A REASON FOR REQUESTING AN ABSENTEE BALLOT:

- I will be unavoidably absent from my polling site on Election Day, OR
- I will be unable to attend the polls on Election Day because of an illness or physical disability, OR
- I am a resident of a long-term care or residential facility licensed by the state, OR
- I will be unable to attend the polls on Election Day due to an observance of a religious discipline or religious holiday.

SECTION 2: PLEASE SELECT FROM THE FOLLOWING OPTIONS CONCERNING YOUR RESIDENCE:

- I currently reside within the county in which I am registered to vote.
- I currently reside outside of the county in which I am registered to vote.
- I am a United States citizen residing outside of the territorial limits of the United States (UOCAVA).
- I am an active service member of the United States armed services residing outside of the county (UOCAVA).
- I am a spouse or dependent of an active service member of the United States armed services (UOCAVA).

SECTION 3: PLEASE SELECT THE ELECTION IN WHICH YOU WISH TO CAST AN ABSENTEE BALLOT:

- Preferential Primary/Nonpartisan Judicial General (held in the spring of even-numbered years).
 - Party Preference (Check Only One):**
 - Democratic** (Ballot will contain democratic, nonpartisan judicial, and special/school races, if applicable).
 - Republican** (Ballot will contain republican, nonpartisan judicial, and special/school races, if applicable).
 - Nonpartisan** (Ballot will contain **only** nonpartisan judicial, and special/school races, if applicable).
- November General Election/Nonpartisan Judicial Runoff.
- Annual School Election.
- Special Election to be held on _____ (Date).

You may qualify for:

- All elections for **one calendar year** (i.e., today's date through December 31st of the current year).
 - o In order to qualify for this option, you must be a voter with a disability, in a long-term or residential care facility, or living outside of the county in which you are registered to vote.
- All elections through the **next Federal General Election Cycle**.
 - o In order to qualify for this option, you must be a UOCAVA voter

SECTION 4: PLEASE SELECT HOW YOU WISH TO RECEIVE YOUR BALLOT:

- I will pick up my ballot from the office of the county clerk.
- Email (**Only** available for UOCAVA voters). **Email address:** _____
- Mail. Please send my ballot to the following address:

SECTION 5: PLEASE INDICATE WHETHER OR NOT YOU RECEIVED ASSISTANCE IN COMPLETING THIS APPLICATION:

- I, the applicant, filled out this Application for Absentee Ballot on my own with no assistance.
- I, the applicant, received assistance in filling out this Application for Absentee Ballot.
If **YES**, the person giving assistance must complete the information below:

Printed Name of Person Giving Assistance _____ Signature of Person Giving Assistance _____

Residential Address of Person Giving Assistance _____

FOR OFFICE USE ONLY

DATE: _____

REGISTRANT ID: _____

PRECINCT: _____

Picked up via Designated Bearer, Administrator, or Authorized Agent:

Printed Name of Bearer/Administrator/Agent _____

Signature of Bearer/Administrator/Agent _____

Note: A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school election, special election, preferential primary election, or general election OR the 7 days before a runoff election. A bearer, administrator, or authorized agent must provide a current and valid photo ID to the county clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.

SECTION 6: PLEASE COMPLETE ALL INFORMATION BELOW AND SIGN THE APPLICATION:

The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars (\$10,000) or imprisonment for up to ten (10) years, or both, under federal law. I certify under penalty of perjury that I am registered to vote, and that I am the person who is registered to vote.

Printed Name of Absentee Voter _____

Date of Birth of Absentee Voter _____

Residential Address of Absentee Voter _____

Phone Number of Absentee Voter _____

City, State, and Zip Code _____

Signature of Absentee Voter _____

Email Address of Absentee Voter _____

ARKANSAS APPLICATION FOR ABSENTEE BALLOT (REVISED 08/2023)

BENTON COUNTY CLERK, 215 E CENTRAL AVE, BENTONVILLE AR 72712

Information and Tips for Completing the Absentee Ballot Application

- Complete all fields, then sign and date the application. Failure to do so will result in delays in receiving your absentee ballot.
- Read all notes and acknowledgments included on the application.
- Double check all selections and information provided before submitting your application.
- If applicable, ensure the designated bearer, administrator, or authorized agent has signed the application in Section 5.
- UOCAVA: The Uniformed and Overseas Citizen Absentee Voting Act. UOCAVA voters are U.S. citizens who are active duty military personnel, their eligible family members, and overseas citizens away from their normal polling location.
- Return your application to your county clerk via mail, fax, email, or hand delivery.
- If you have questions on how to complete this application, please contact your local county clerk's office.

YOU MAY RETURN THIS APPLICATION TO YOUR LOCAL COUNTY CLERK VIA MAIL, FAX, EMAIL OR HAND DELIVERY.

FAX : (479) 271-1019

EMAIL: absentee@bentoncountyar.gov

MAIL: 215 E Central Ave., Ste 217
Bentonville AR, 72712