DO NOT REMOVE PERFORATED TABS. Moisten here and fold bottom to top to seal.

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oplication for a Ballot by Mail			
someone helps you complete this form or mails, emails or faxes this form for you, that pe	erson m	oust complete the Wit	ness/Assistant Box 6 below. If you email or fax this form to the
rly Voting Clerk, you must also send the original hardcopy to the Early Voting Clerk. If you a	re faxir	ng or emailing this forn	n on or near the deadline to apply for a Ballot by Mail, you must
nd the original hardcopy so that the Clerk receives it no later than the fourth business day af c or email image and the physical hard copy. Electronic signatures are not permitted. THE	fter the F HARI	e day the Clerk received	d your email or fax. Original signatures are required on both the
EFT ALL LEGALLY REQUIRED DEADLINES. Please read the instructions on the back of this f	form co	ompletely. If you have	any questions, please call the Early Voting Clerk in your county
registration or the office of the Texas Secretary of State at 1-800-252-8683 or log on to ww	/w.sos.t	texas.gov for a list of Co	ounty Early Voting Clerks and their email and physical addresses.
Voter Information: Please print all information clearly and legibly			YOU MUST PROVIDE ONE of the following numbers
			Texas Driver's License, Texas Personal Identification Number
me: Last, First, Middle		Suffix (Jr., Sr.)	or Election Identification Certificate Number issued by the
sidence Address as shown on your Voter Registration Certificate		50111X (51., 51.)	Department of Public Safety (NOT your voter registration VUID#)
· · · · · · · · · · · · · · · · · · ·			
dress:		7.0.1	If you do not have a Texas Driver's License, Texas Personal Identification Number or a Texas Election Identification Certificate
Street Apt. # (if any) City tional Information: Providing this information is helpful to the Early Voting Clerk to clarify any information			
ur voted mail ballot.			XXX-XX
te of Birth: / / VUID #: P	Pct #:		☐ I have not been issued a Texas Driver's License/Texas Personal
nail: Tel. #:			Identification Number/Texas Election Identification Certificate or Social Security Number
Mail my Ballot to:			
My Residence Address (as listed on my Voter Registration Certificate)			
Other Address - You may use the Other Address line only if the other address fits one of the categories	s below.		
Address Apt. # (if any	v)	City	State Zip Code
My Other Address is: (Check one)	,,	,	
 The mailing address listed on my Voter Registration Certificate Address Outside the County (voters absent from the county) 			
 Hospital, Nursing Home, Long-Term Care Facility, Retirement or Assisted Living Center or a Relative 	/e		(Indicate Relationship)
Address of the Jail/Civil Commitment Facility or a Relative			(Indicate Relationship)
Reason For Voting by Mail:			
65 Years of Age or Older	ov "Loff	iven that I have a side and	or physical condition that provide the form approxing at the polling
Disability (as defined in Texas Election Code 82.002(a), see instructions on reverse) By checking this bo place on Election Day without a likelihood of needing personal assistance or of injuring my health."	UX, Idii	ITTT UIDUTTIOVE & SICKTIESS	or physical condition that prevents the from appearing at the polling
Expected to give birth within three weeks before or after Election Day			
Expected Absence from the County (You may apply for a ballot for one election and its resulting runol	off, if you	r dates of absence from t	he county include both elections)
Date you can begin to receive mail at your out of county address://///////		Date of return	
Confined in Jail or Involuntary Civil Commitment (You may only apply for a ballot for one election and			TO residence address. / / /
	l any res		to residence address:///
Sand man Ballot for the Following Elections:	any res		n to residence address:///
Ŭ,	l any res	ulting runoff)	
Annual Application	l any res	ulting runoff) <u>Uniform Election Dates</u>	<u>s</u>
Annual Application Send me a ballot for all Elections in this voting year (January – December) Annual Applications	l any res	ulting runoff) <u>Uniform Election Dates</u> November Election	S □ May Election (not a primary runoff)
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TO: EARLY VOTING CLERK

IT WAS RECEIVED BY FAX OR EMAIL.	ot tor all the elections	led s dfiw uoy sbivorg lliw lism yd folled IsunnA nA. lism yd folled IsunnA ns
EARLY VOTING CLERK SO THAT IT IS RECEIVED NO LATER THAN THE FOURTH BUSINESS DAY AFTER		Annual Application – Only voters who are 65 or older or who have a disab
IF YOU FAX OR EMAIL THE APPLICATION YOU MUST ALSO PHYSICALLY SEND THE ORIGINAL TO THE	5 1 1 1 1 1 1	Please select the election(s) for which you are applying.
		BOX 4:
or 12:00 noon, whichever is later on the 11th day before Election Day.	IIIIea.	bail before Election Day is unlikely or (5) you are involuntarily civilly comm
The fax or email must reach the Early Voting Clerk's office no later than the close of regular business		an appeal of a felony conviction; (4) pending trial or appeal on a bailable o
Clerk or the Secretary of State for email addresses.		a term that ends on or after Election Day; (2) pending trial after denial of b
• By email – The application may be submitted via email. Please contact your Early Voting		
numbers.		bellot application is submitted, you are either (1) confined in jail serving a
• Fax Transmission – Please contact your Early Voting Clerk or the Secretary of State for fax		and Safety Code, you must be legally eligible for Early Voting by Mail. At
Cârriêr.		• If you choose Confined in Jail/Involuntary Civil Commitment under
• Common or Contract Carrier – The application may be submitted via a bona fide, for profit		outside the county and you must provide the dates that you will be abse
• By Mail – The application may be submitted via the U.S. Postal Service.		early voting period after you submit your application. The ballot mus
Clerk.		Election Day and during the hours of early voting by personal appearan
• In-Person – Only the applicant may submit his or her own application to the Early Voting	absent from the county on	 If you choose Expected Absence from the County, you must expect to be
The application must be submitted by one of the following methods:		Election Day.
	Three weeks before or after	 If you choose Confinement for Childbirth, you expect to give birth within
SUBMITTING THE APPLICATION:	I	Section 82.002(a) of the Texas Election Code.
Annual Application was received by the Early Voting Clerk in the preceding year.	disability as described in	• If you choose Disability, your disability must meet the definition of a
only to Annual Applications and only when there is an election within 60 days of the date the	ection Day.	 If you choose 65 Years of Age or Older, you must turn 65 no later than E
application will be valid for all elections in the following calendar year. This 60 day rule applies		that best describes your reason for voting by mail.
disabilities), within 60 days of an election that takes place in the following calendar year, your	ce a checkmark in the box	The State of Texas requires that you provide a reason for voting by mail. Pla
- If you submit an Annual Application (only available for voters 65 and older and voters with		BOX 3:
but not later than the 11th day for the election in which you wish to vote. Annual Applications		address of the jail/commitment facility or a close relative.
first preceding business day. An application may be submitted anytime in the calendar year	allot can be mailed to the	• If you are confined in jail or involuntarily civilly committed - Your b
before Election Day. If the deadline falls on a weekend or holiday the deadline moves to the		• If you are absent from the county – Your ballot must be mailed to an ad
Your application must be received by the Early Voting Clerk not later than the 11th day		a hospital, nursing home, long-term care facility, retirement or assisted in
DEADLINE TO APPLY:		• If you are voting by mail because you are 65 or have a disability – γ
he or she provides assistance without providing the information required in Box 6.		mailed to a different location.
or her printed name and residence address. An assistant commits a Class A Misdemeanor if	1011EG JNOK ƏAEU O1 NOK M	on your Voter Registration Certificate. There are some exceptions that allo
on your behalf, the assistant must complete Box 6. The assistant must sign and provide his		Your ballot must be mailed to the address where you are registered to vote o
address) assists you in completing this application; or mails, faxes or emails this application	estel seerele spailing of a	BOX 2:
• Assistant - If a person (other than a close relative or person registered to vote at the same	record.	induire about how to add one of the required numbers to your voter registration
more than one Annual ballot by mail application in a calendar year.		numbers, but it is not associated with your voter registration record, please o
to act as a witness for more than one application in each election or act as a witness for		says that you have not been issued one of the required numbers. If you have be
sign and provide his or her printed name and residence address. It is a Class B Misdemeanor		of your Social Security Number. If you have not been issued any of the required
witness is not a relative, the witness must state that on the line provided. The witness must		VOL YOUR VOLID#1. If you do not have one of the above mentioned numbers, you
unable to make your mark. The witness must state his or her relationship to you. If the		
• Witness – The witness must place a checkmark in the Witness Box indicating you were		Driver's License Number, Texas Personal Identification Number or Election Iden
	sever	Required Personal Information: You MUST provide one of the for
		and/or your voted mail ballot.
the presence of the voter in order to act as a witness in pay of the witness mere and the voter in order to act as a witness in pay of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of the presence of the voter in order to act as a witness in the presence of the voter in order to act as a witness in the presence of		but is extremely helpful to the Early Voting Clerk to clarify any inform
illiteracy, the application may be signed for you by a witness in Box 6. The witness must be in	and email is not required	Phone Number and Email Address: Providing your telephone number
Sign and date your application. If you are unable to sign because of a physical disability or	(h) approved (put) poly (range)	but it is not a requirement.
		• VUID and Precinct Number: If you know your VUID and/or Precinct number: If you know your VUID and Precinct number is a statement of the prec
Annual Application if your reason for voting by mail was 65 Years of Age or Older or Disability.	ration Certificate	Address: Give your full residence address as shown on your Voter Regist
application. If you do not select any elections in Box 4, your application will be considered an		name.
receive a ballot for those other elections in addition to the ballot you requested with this	Vhen voters have common	• Date of Birth: Not a requirement but it is helpful to determine identity
other entities holding elections in which you are eligible to vote. This means that you may		like Jr., Sr., or III.
in a calendar year for which you are eligible. Your Annual Application may be forwarded to	sexiffue vns suffixes	• Name: Please give your full name as it was provided to the Voter Registr
BOX 4 (CONTINUED)		BOX 1:
		lisM yd tol Ballot for Ballot by Mail

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