|   | ST  | ATE OF IOWA O               | FFICIAL ABSENTEE BALLO         | T REQUEST FO     | RM              | FOR OFFICE USE ONLY   |
|---|---|-----------------------------|--------------------------------|------------------|-----------------|---|
|   | Last  | <u>Last</u> Suffix          |                                |                  |                 |   |
| Your Name and<br>Date of Birth  | First Middle  |                             |                                |                  | -               |   |
|   | Date of Birth (month, day, year)  |                             |                                |                  |                 | Revised June 2021   |
| ID Number<br>Complete one   | lowa Driver's License or Non-Operator ID Number:  OR  Four-digit Voter PIN (can be found on Voter Identification Card):   |                             |                                |                  |                 |   |
| Your Iowa   | Home Street Addre   | ess (include apt, lot, etc. | if applicable)                 |                  |                 |   |
| Residential   | City  |                             |                                |                  | County          |   |
| Address   | You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record. |                             |                                |                  |                 |   |
| Where Your  | Mailing Addres  | ss/P.O. Box                 |                                |                  |                 |   |
| Absentee Ballot   | City  | City State                  |                                |                  |                 | Zip   |
| Should Be Mailed  If different than above   | 1   | Country (other than USA)    |                                |                  |                 |   |
| Contact Info  |   | than USA)                   | F 11                           |                  |                 | DO NOT ADD THIS INFORMATION   |
| Important Election Date or  | Phone   | 20.1                        | Email                          |                  |                 | Circle One  |
| Type Choose only one election.  | Election Date:<br>OR  | General                     | 3/2, $0$ , $2$ , $2$           | □ City/School    | Special:        | CII ALASTO  |
| Primary Election Only   | Check one po  | olitical party              | Democratic                     | Republican       |                 |   |
| Requester Affidav   | it I swear or afj   |                             |                                | _                |                 | titled to register at the address listed on this form.  |
| Powers of attorney do not<br>have legal authority to  |   | l ai                        | m eligible to receive and vote | an absentee ball | ot for the elec | ction indicated above.  |
| request an absentee ballot<br>on behalf of another.   | Signature: X Date   |                             |                                |                  | Date            |   |
|   |   |                             |                                |                  |                 |   |
| · · · · · · · · · · · · · · · · · · ·   | -   | •                           | •                              |                  |                 | y, candidate, or committee as defined by lowa<br>part of the official absentee ballot request form. |
|   |   |                             |                                |                  |                 |   |
| RECEIPT FOR ABSENTEE BALLOT REQUEST  This receipt <u>must</u> be left with the voter requesting the ballot. |   |                             |                                |                  |                 |   |
| Voter's Name  |   |                             |                                |                  |                 |   |
| Election Type or D  | ate General   | Prima                       | ry City/School                 | Special:         |                 | W   |
|   | _   | _                           | · / ///////                    | _                |                 |   |
| Name of Political A   |   |                             |                                |                  | Phone Num       | nber of Political Agent   |

## NOTICE TO VOTER

Political Party, Candidate, or Committee

Date and Time Request Received by Agent

You have requested an absentee ballot. This form was given to you by a person (agent) who is working with a political party, candidate, or committee. The person may also be working for a committee working to pass or defeat a question on the ballot. The county auditor will mail your ballot to you.

Request forms solicited by a political party, candidate or committee as defined by lowa Code chapter 68A are required by lowa law to be delivered to the appropriate county auditor's office within 72 hours of the date and time this request form was received by the soliciting agent or by 5 p.m. 15 days before the election, whichever is earlier.

The county auditor will mail you a ballot within 24 hours of receiving your request or within 24 hours of when the ballots are available. Ballots for primary and general elections are available 20 days before the election. Questions regarding this receipt should be directed to the political contact number listed above. Questions concerning your ballot should be directed to your county auditor.