*Indicates required informa	ition	STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM					FOR OFFICE USE ONLY
	Last	ast		Suffix			
YOUR NAME* AND DATE OF BIRTH*	<u>First</u> <u>Middle</u>						
	Date of Birth (month, day, year)/						
ID NUMBER* Complete one	Iowa Driver's License or Non-Operator ID Number: OR Four-digit Voter PIN (can be found on Voter Identification Card): Voters without an lowa Driver's License or Non-Operator ID number are mailed an lowa Voter Identification Card at the time of registration. ID Number is required. An absentee ballot cannot be until ID Number is provided.						
YOUR IOWA RESIDENTIAL ADDRESS*	Home Street Address (include apt, lot, etc. if applicable) City Zip County 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 Ad	ddress/P.O. Box					
ABSENTEE BALLOT							
SHOULD BE MAILED	City			State		Zip	
If different than above	Country (o	Country (other than USA)					
CONTACT INFO Important	Phone Email			Email			Do not add this contact info to my voter record
ELECTION DATE OR TYPE* Choose only one election.	Election OR	n/ General	/	 ☐ School	City	Special:	
PRIMARY ELECTION ONLY	Check o	ne political party	Democratic		Libertarian		Republican
REQUESTER AFFIDAN Powers of attorney do not have legal authority to request an absentee ballot			e person named above o am eligible to receive a				r at the address listed on this form. above.
on behalf of another.	Signatur	e: X				Date	