

FREMONT COUNTY, WY ABSENTEE BALLOT APPLICATION

Mail to: Fremont County Clerk, Election Office, 450 N. 2nd St., Rm 220, Lander WY 82520

Date Requested _____ Select What Elections: Primary _____ General _____ All Elections _____ Special Election _____

IMPORTANT INFORMATION – PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

DATE OF BIRTH (REQUIRED) _____ SOCIAL SECURITY # (OPTIONAL): _____

POLITICAL PARTY: Republican _____ Democratic _____ Other _____ CURRENT MILITARY: Yes _____ No _____

CONTACTS: Day Phone _____ Home Phone _____ Email Address _____

PHYSICAL ADDRESS IN FREMONT COUNTY:

MAIL BALLOT TO:

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

OATH: I hereby state that I am a registered voter and entitled to vote in the election(s) indicated above.

SIGNATURE (OF VOTER): _____

Name of person requesting ballot: (IF NOT VOTER) _____ Relationship to Voter: _____

DELIVERY DESIGNEE (must be completed if someone else is to pick-up your ballot from the election office.

I, _____ give _____ permission to pick-up my absentee ballot.
(SIGNATURE) (PERSON PICKING UP BALLOT)

<u>FOR OFFICE USE ONLY: ACCEPTED/REJECTED</u>		Taken by: _____	
Voter Id: _____	Date/Time Received: _____	Split: _____	Ballot Style: _____
<u>HOW BALLOT WAS VOTED:</u> Person: _____ Taken: _____ Mailed: _____ Processed by: _____			