	STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM				FOR OFFICE USE ONLY
	<u>Last</u> Suffix				
Your Name and Date of Birth	First		Middle		
	Date of Birth (month, day, year)/				
ID Number Complete one	lowa Driver's License or Non-Operator ID Number: OR Four-digit Voter PIN (can be found on Voter Identification Card): Any voter may request a Voter Identification Card Voters who do not appear in the lowa Dept. of Transportation's Driver's License or Non-Operator ID files are mailed an lowa Voter Identification Card at the time of registration. Any voter may request a Voter Identification Card				
Your Iowa	Home Street Address (include apt, lot, etc. if applicable)				
Residential Address	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 Address/P.O. B	Box			
Absentee Ballot Should Be Mailed If different than above	City		State		Zip
Contact Info	Country (other than US	5A)	Email		DO NOT ADD THIS INFORMATION TO MY VOTER RECORD
Election Date or Type Choose only one election.	Election Date:	//	City/School	Special:	
Primary Election	Check one political p	arty Democratic	Republican		
Only Requester Affidavi	it I swear or affirm tha	it I am the person named above	and I am a registered vote	er or I am entiti	led to register at the address listed on this form.
overs of attorney do not I am eligible to receive and vote an absentee ballot for the election indicated above. ave legal authority to equest an absentee ballot for the election indicated above. Signature: X Date					
Complete the section below if you are a person soliciting absentee ballot request forms on behalf of a political party, candidate, or committee as defined by Iowa Code Chapter 68A and are using this form as a receipt in accordance with Iowa Code Chapter 53.3. This section is not part of the official absentee ballot request form. RECEIPT FOR ABSENTEE BALLOT REQUEST This receipt must be left with the voter requesting the ballot.					
Voter's Name					
Election Type or D	Pate General	Primary City/	School Special:		
OR Election Date: / /					
Name of Political Agent Phone Number of Political Agent					
Political Party, Car	ndidate, or Committee				
Date and Time Re	quest Received by Agent				

NOTICE TO VOTER

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.