

**State of Iowa
Petition Requesting Satellite Absentee Voting Station**

Satellite Site Information

Type and Date of Election: General on ___/___/___ Primary on ___/___/___
 City/School on ___/___/___ Special on ___/___/___

Name of Proposed Location: _____

Address of Proposed Location: _____
Street Address City Zip Code

The proposed location must be accessible to voters with disabilities and the elderly.

*We, the undersigned eligible electors of _____ County/City/School District
request that there be a satellite absentee voting station at the place and for the election described above.*

Sign your name	Address where you live in Iowa:		Today's Date
	House number and street	City	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			