

Application for UOCAVA Fax Ballot

Absent Uniformed and Resident/Nonresident Overseas Electors

Note: This Application shall be filed with the County Clerk and Recorder and submitted no later than the close of business on the Friday preceding the election.



To: Elbert County Election Dept.
PO Box 37
Kiowa, CO 80117

303-621-3127 (fax) 303-621-3212

I am absent from the state and wish to vote by fax ballot in the following Elections:

- November 4, 2008 General Election
- August 12, 2008 Primary Election
- Next two consecutive General Elections

UOCAVA CITIZEN STATUS (MUST check one)

- Member of Uniformed Services of Merchant Marine on Active Duty, or an Eligible Spouse or Dependand
- A U.S. Citizen Residing Outside the U.S. Temporarily
- A U.S. Citizen Residing Outside the U.S. Indefinitely (Federal Ballot Only)

VOTER'S FAX NUMBER: You MUST provide the fax number that will be used to fax your ballot from the USA.

Send my Fax Ballot to:

()
International
Prefix

()
International
Country Code

()
Local Area/Province/
City Code

()
Local
Number

Example:

(Geneva,
Switzerland)

(011)
International
Prefix

(49)
International
Country Code

(30)
Local Area/Province/
City Code

(124456789)
Local
Number

VOTER INFORMATION: Required fields must be completed.

Last Name (Required)	First Name (Required)	Middle Name	Suffix (Jr., III)	Previous Name of Applicant (If Applicable)
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Colorado Legal Residence Address (Required)	Apt/Unit #	City/Town (Required)	State	Zip (Required)	County
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Date of Birth (Required)	Social Security Number OR Last 4 digits	Telephone Number (including area code)
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MM / DD / YYYY

Email Address _____

Party Affiliation: If you are currently Unaffiliated and wish to vote in a Primary Election, you must declare an affiliation with a political party. Unaffiliated voters may affiliate with a political party up to and including Primary Election Day. If you are currently affiliated with a political party and wish to change your affiliation, you must submit this change request at least 29 days prior to Election Day.

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Democratic | <input type="checkbox"/> Republican | <input type="checkbox"/> American Constitution |
| <input type="checkbox"/> Green | <input type="checkbox"/> Gun Owner's Rights | <input type="checkbox"/> Libertarian |
| <input type="checkbox"/> Pro Life | <input type="checkbox"/> Reform | <input type="checkbox"/> Unaffiliated |

READ, SIGN AND DATE:

I understand that by voting and returning a faxed ballot, I am voluntarily waiving my right to a secret ballot.

Signature or Mark (Required)

Witness Signature (Optional)

The Fax Ballot Application must be personally signed by the applicant; or, in case of the applicant's inability to sign, the applicant's mark must be witnessed by another person.

X

Signature (Required) Date (Required)

X

Witness Signature (Optional) Date

