ARKANSAS APPLICATION FOR ABSENTEE BALLOT		
TO: Washington County Clerk 280 North College Ave. Ste. 300 Fayetteville, AR 72701	evised 09/2021 Date Phone: (479) 444-1711 Fax: (479) 444-1894	FOR OFFICE USE ONLY
<b>INSTRUCTIONS TO VOTER</b> :		
PLEASE MAKE <u>ONLY ONE SELECTION</u> FOR SECTION	NS ONE (1) THROUGH FOUR (4).	
<ol> <li>PLEASE SELECT A REASON FOR REQUESTING AN A         <ul> <li>I will be unavoidably absent from my polling site on Election D</li> <li>I will be unable to attend the polls on Election Day because of a</li> <li>I am a resident of a long-term care or residential facility licensed</li> </ul> </li> <li>PLEASE SELECT FROM THE FOLLOWING OPTIONS         <ul> <li>I currently reside within the county in which I am registered to w</li> <li>I currently reside outside of the county in which I am registered</li> <li>I am a United States citizen residing outside of the territorial lim</li> <li>I am an active service member of the United States armed service</li> </ul> </li> <li>PLEASE SELECT THE ELECTION IN WHICH YOU W</li> </ol>	Day, OR in illness or physical disability, OR d by the state. S CONCERNING YOUR RESIDENCE: vote. to vote. nits of the United States (UOCAVA). ces (UOCAVA). United States armed services (UOCAVA).	Voter ID#: PRECINCT: School District:
<ul> <li>Preferential Primary/Nonpartisan Judicial General/ Annual Sch Election (Even Year Only) Select Party Preference (Circle One): Democratic Rep or you may select the Nonpartisan Ballot with Judicial/School/ Special Election</li> <li>Preferential Primary Runoff/ Annual School Election Runoff (I Only)</li> <li>General Election/ Nonpartisan Judicial Runoff (Even Year Onl</li> <li>General Election Runoff (Even Year Only)</li> <li>Annual School Election Runoff (Odd Year Only)</li> <li>Special Election to be held on</li> </ul>	□ All elections for one calenda         publican         / and         / and         0 In order to qualify for this of disability, in a long-term living outside of the comvote.         ly)         0 For the Preferential Primar Preference (Circle One) Nonpartisan Ballot with	option, you must be a voter with a n or residential care facility, or inty in which you are registered to ry Election Select Party : Democratic / Republican or
<ul> <li><b>4.</b> PLEASE SELECT HOW YOU WISH TO RECEIVE YOU         <ul> <li>I will pick up my ballot from the office of the county clerk.</li> <li>Email (available for UOCAVA voters <u>only</u>). My email address i</li> <li>Mail. Please send my ballot to the following address:</li> </ul> </li> <li>Address/ P.O. Box/ Street Name         <ul> <li>City</li> <li>Disland are size Designed address.</li> </ul> </li> </ul>	is:	Zip
□ Picked up via Designated Bearer, Administrator, or Authorized	Agent:	
Printed Name of Bearer/Administrator/Agent	Signature of Bearer/Administrator/Age	ent
Note: A designated bearer may obtain or deliver absentee ballots for no more than two (2) voters per election and may only do so within the 15 days before a school election, special election, preferential primary election, or general election OR the 7 days before a runoff election. A bearer, administrator, or authorized agent must provide a current and valid photo ID to the county clerk and must sign the register, under oath, when picking up or delivering an absentee ballot.		
The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be guilty of perjury and subject to a fine of up to ten thousand dollars (\$10,000) or imprisonment for up to ten (10) years, or both, under federal law. I certify under penalty of perjury that I am registered to vote, and that I am the person who is registered to vote.		
Residential Address of Absentee Voter	Date of Birth of Absentee Voter	
City, State, and Zip Code	Phone Number of Absentee Voter	
Printed Name of Absentee Voter	Signature of Absentee Voter	
	YOU MAY RETURN THIS APPLICA VIA MAIL, FAX, or EMAIL: absentee	