# ARKANSAS APPLICATION FOR ABSENTEE BALLOT

Revised 08/2023

TO: Becky Lewallen Washington County Clerk 280 North College Ave, Ste. 300 Fayetteville, AR 72701 Date: \_\_\_\_\_ Phone: 479-444-1711 Email: absentee@washingtoncountyar.gov Fax: 479-444-1894

## Information and Tips for Completing the Absentee Ballot Application

- Complete both pages of the application.
- Complete all fields, then sign and date the application. Failure to do so will result in delays in receiving your absentee ballot.
- Read all notes and acknowledgments included on the application.
- Double check all selections and information provided before submitting your application.
- If applicable, ensure the designated bearer, administrator, or authorized agent has signed the application in Section 5.
- <u>UOCAVA</u>: The Uniformed and Overseas Citizen Absentee Voting Act. UOCAVA voters are U.S. citizens who are active duty military personnel, their eligible family members, and overseas citizens away from their normal polling location.
- Return your application to your county clerk via mail, fax, email, or hand delivery.
- If you have questions on how to complete this application, please contact your local county clerk's office.

### PRINT NAME:

# **COMPLETE ALL 6 SECTIONS OF THE APPLICATION**

### SECTION 1: PLEASE SELECT A REASON FOR REQUESTING AN ABSENTEE BALLOT:

- □ I will be unavoidably absent from my polling site on Election Day, OR
- I will be unable to attend the polls on Election Day because of an illness or physical disability, OR
- □ I am a resident of a long-term care or residential facility licensed by the state, OR
- □ I will be unable to attend the polls on Election Day due to an observance of a religious discipline or religious holiday.

### SECTION 2: PLEASE SELECT FROM THE FOLLOWING OPTIONS CONCERNING YOUR RESIDENCE:

- □ I currently reside within the county in which I am registered to vote.
- □ I currently reside outside of the county in which I am registered to vote.
- □ I am a United States citizen residing outside of the territorial limits of the United States (UOCAVA).
- □ I am an active service member of the United States armed services residing outside of the county (UOCAVA).
- □ I am a spouse or dependent of an active service member of the United States armed services (UOCAVA).

#### You may qualify for:

- □ All elections for **one calendar year** (i.e., today's date through December 31<sup>st</sup> of the current year).
  - In order to qualify for this option, you must be a voter with a disability, in a long-term or residential care facility, or living outside of the county in which you are registered to vote.
- □ All elections through the **next Federal General Election Cycle**.
  - In order to qualify for this option, you must be a UOCAVA voter (See Section 2 on front page).

# FOR THE PREFERENTIAL PRIMARY (MARCH 5, 2024) YOU MUST SELECT A PARTY PREFERENCE IN SECTION 3

## SECTION 3: PLEASE SELECT THE ELECTION IN WHICH YOU WISH TO CAST AN ABSENTEE BALLOT:

Preferential Primary/Nonpartisan Judicial General: March 5, 2024

- Party Preference (Check Only One):
- Democratic (Ballot will contain democratic, nonpartisan judicial annual school and any special elections.)
- Republican (Ballot will contain republican, nonpartisan judicial, annual school and any special elections.)
- □ Nonpartisan (You will be sent a ballot that contains <u>only</u> nonpartisan judicial races, annual school and special elections).
- □ November General Election/Nonpartisan Judicial Runoff: November 5, 2024
- General Run Off: December 3, 2024: If you did not vote in the General Election on November 5, 2024
- Special Election held on\_\_\_\_

will pick up my ballot from the office of the county clea Email ( <b>Only</b> available for UOCAVA voters).	rk. DATE:
Email address:	
☐ Mail. Please send my ballot to the following address:	REGISTRANT ID:
	PRECINCT:
Picked up via Designated Bearer, Administrator, or red Name of Bearer/Administrator/Agent	The second secon
	Mail. Please send my ballot to the following address:

## SECTION 5: PLEASE INDICATE WHETHER OR NOT YOU RECIEVED ASSISTANCE IN COMPLETING THIS APPLICATION:

□ I, the applicant, filled out this Application for Absentee Ballot on my own with no assistance.

□ I, the applicant, received assistance in filling out this Application for Absentee Ballot.

If <u>YES</u>, the person giving assistance must complete the information below:

Printed Name of Person Giving Assistance

Signature of Person Giving Assistance

Residential Address of Person Giving Assistance

# SECTION 6: PLEASE COMPLETE ALL INFORMATION BELOW AND SIGN THE APPLICATION:

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.

Printed Name of Absentee Voter

Date of Birth of Absentee Voter

Residential Address of Absentee Voter

Signature of Absentee Voter

City, State, and Zip Code

Phone Number of Absentee Voter

Email Address of Absentee Voter

You may return this application to the County Clerk, via mail, fax, email or hand delivery.

Email Address: absentee@washingtoncountyar.gov