APPLICATION FOR ABSENTEE BALLOT

CITY OF COLORADO SPRINGS

GENERAL MUNICIPAL ELECTION – APRIL 2, 2013

CITY OF COLORADO SPRINGS

OFFICE USE ONLY

VOTER ID _____

PCT/BALLOT ISSUED _____ / _____

DATE _____ INITIALS _____

Send the completed application to one of the following locations:

a) **Office of the City Clerk**
30 South Nevada Avenue, Suite 101
Colorado Springs, CO 80903

b) **FAX – (719) 385-5114**

c) **Email – election@springsgov.com**

Date of application: _____

I, _____, _____ **RESIDE AT**
Print full name as registered — Date of Birth (mm/dd/yyyy)

_____
Residence Address – Apartment No. – City – State – Zip Code

AND REQUEST MY BALLOT TO BE MAILED TO:

_____
House Number and Street – Apartment No.(if applicable) – City/Town – State – Zip Code

The optional items below will be used in the event we need to contact you regarding this absentee application.

Daytime phone (_____) _____Email: _____

I hereby certify that I am a qualified and registered elector in the City of Colorado Springs, State of Colorado, and have lived at the above residence address at least 30 days prior to this election.

X _____ Date _____
Elector's Signature or Mark

_____ Date _____
Witness Signature (* if required)

* The application for an absentee ballot shall be personally signed by the applicant; or, in case of the applicant's inability to sign, the elector's mark shall be witnessed by another person.

IF YOU DO NOT PROVIDE ALL INFORMATION, YOU MAY NOT RECEIVE AN ABSENTEE BALLOT. THE APPLICATION SHALL BE FILED NO LATER THAN THE CLOSE OF BUSINESS ON THE FRIDAY IMMEDIATELY PRECEDING THE ELECTION; EXCEPT THAT, IF THE APPLICANT WISHES TO RECEIVE THE ABSENTEE BALLOT BY MAIL, THE APPLICATION SHALL BE FILED NO LATER THAN THE CLOSE OF BUSINESS ON THE TUESDAY IMMEDIATELY PRECEDING THE ELECTION. MARK AND RETURN YOUR BALLOT AS SOON AS YOU RECEIVE IT.

Email **Print**