

Once completed, please return by fax to: **Early Voting Clerk**
(956) 523-5006

Or by mail to : **Early Voting Clerk**
P. O. Box 233
Laredo, Tx 78042-0233

Either way, it must be **RECEIVED IN OUR OFFICE** by the **04/06/10** deadline.

APPLICATION FOR BALLOT BY MAIL: COMPLETE ALL INFORMATION, READ INSTRUCTIONS VERY CAREFULLY, PRINT OR TYPE

Prescribed by the Secretary of State
 AS-14e2.10/05

VOTER REGISTRATION INFORMATION		REASON FOR VOTING BY MAIL YOU MUST CHECK ONE	
Name		1. _____ 65 years of age or older 2. _____ Disability 3. _____ Confinement in jail 4. _____ Expected absence from the county. In order to check #4 as the reason for voting by mail, you must expect to be absent from the county on election day and during the period of early voting by personal appearance or for the remainder of the period after you submit your application. YOUR BALLOT MUST BE MAILED TO AN ADDRESS OUTSIDE THE COUNTY. GIVE DATE YOU CAN RECEIVE MAIL AT THE ADDRESS GIVEN. Date: _____ If an application is submitted AFTER early voting in person has begun, this application MUST be submitted to your early voting clerk from an address or by fax machine from outside of the county.	FOR WITNESS and/or ASSISTANT: Applicant, if unable to sign, shall make mark in presence of witness, if applicant is unable to make mark, the witness shall check here <input type="checkbox"/> . Failure to complete this information if signature was witnessed or applicant was assisted in completing the application is a Class A misdemeanor. _____ Signature of Witness/Assistant Print Full Name of Witness/Assistant _____ Residence Address of Witness/Assistant or Title of Witness/Assistant if an Election Official <i>See Instructions for Clarification</i> Relationship to Applicant of Witness/Assistant (Check one: <input type="checkbox"/> parent, <input type="checkbox"/> grandparent, <input type="checkbox"/> spouse, <input type="checkbox"/> child, <input type="checkbox"/> sibling, <input type="checkbox"/> other, <input type="checkbox"/> reside at same address as applicant) "I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT GIVING FALSE INFORMATION IN THIS APPLICATION IS A CRIME." SIGN HERE ►
Residence Address Where Registered to Vote, Include City, State, and Zip (if you will not have your ballot mailed to you at this address, see instructions at end of this form)			
County Election Precinct Number* <small>*Optional</small>	Voter Registration Number* <small>*Optional</small>		
Year of Birth* <small>*Optional</small>	Telephone Number* <small>*Optional</small>		
Type and Date of Election Check here for ballots for both the main election and runoff if applicable <input type="checkbox"/>	Party Preference (Primary Election Only)	SPECIAL INSTRUCTIONS FOR HAVING YOUR BALLOT MAILED TO YOU If you checked 65 years of age or older or disability as the reason to vote by mail, and you are requesting that the ballot be mailed to an address other than your permanent residence, indicate the type of address to which the ballot will be mailed from the list below: 1. _____ Mailing address as listed on my voter registration certificate 2. _____ Hospital 3. _____ Nursing home or long-term care facility 4. _____ Retirement center 5. _____ Relative; Indicate relationship: _____ 6. _____ Address of the jail 7. _____ Address outside the county	"I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT GIVING FALSE INFORMATION IN THIS APPLICATION IS A CRIME." SIGN HERE ►
MAIL MY BALLOT TO (if not residence address) (include street address, P.O. Box number, apartment number as applicable, city, state, and zip)			
<i>Este formulario está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaria de Votación por Adelantado.</i>		SIGNATURE OF APPLICANT	