

EARLY VOTING APPLICATION 32-941

STATEWIDE GENERAL ELECTION, TUESDAY, NOVEMBER 8, 2016

Date_____

I, _____ hereby request a ballot.
(Printed name of voter)

My Phelps County Address is:_____

City_____ Zip_____

I may be reached at this phone number_____to verify any information.

Date of Birth_____

I will vote in person _____

I will take ballots with me_____

Please mail ballot_____

(Voter print name here)

(Voter sign here)

(Signature of person acting as an agent for a registered voter)

****The penalty for election falsification is imprisonment for up to five years, or a fine not to exceed \$10,000.00 or both****

If ballots are mailed to an address other than voter's permanent address, please fill out the following.

Address:_____

City/Zip:_____

Submit this request to: Phelps County Clerk

Sally Fox
PO Box 404
Holdrege, NE 68949

Office use only:

Registered voter_____
Party_____
Precinct_____
Ballot Style_____
Tracking #_____
Line # _____