***This form is good for one calendar year only.**

APPLICATION FOR ABSENT ELECTOR'S BALLOT

OFFICIAL USE ONLY
Prec # _____
Leg Dist # _____
Code: W M C T

Date _____

I, *(Please print full name)* _____ , hereby make application for an absent elector's ballot or ballots to be voted at the election held on: (Check election this application is to be used for)

- ☐ 2nd Tuesday in March (School Bond or Levy)
- ☐ 3rd Tuesday in May (Primary Election and/or Taxing Districts Elections)
- ☐ Last Tuesday in August (School Bond or Levy)
- ☐ Tuesday following 1st Monday in November (General Election and/or Taxing Districts Elections)
- ☐ Special Emergency Election to be held on _____

My home address is: _____ in _____
(House Number and Street) *(City)*

and I am duly registered in Kootenai County, Idaho.

Daytime phone: _____
(in case we need to contact you with questions)

Email Address: _____

Please mail ballot(s) to me at the following address:

_____
(Elector)

_____
(Mailing Address)

_____
(City, State and Zip Code)

ELECTOR MUST PERSONALLY SIGN APPLICATION

_____
(Elector)

KOOTENAI COUNTY ELECTIONS
P.O. BOX 9000
COEUR D'ALENE, ID 83816-9000
PHONE: (208) 446-1030
FAX: (208) 446-2184 EMAIL: kcelections@kcgov.us