	STAT	E OF IOWA	OFFICIAL ABSENTEE BAI	LLOT REQUEST FOR	RM		FOR OFFICE USE ONLY	
	Last		Suffix					
YOUR NAME AND DATE OF BIRTH	First Middle							
	Date of Birth (month, day, year)/						Revised October 2019	
ID NUMBER Complete one	Iowa Driver's License OR Four-digit Voter PIN (•	T N	roters who do not appear in the Iowa Dept. of fransportation's Driver's License or Non-Operator ID files are mailed an Iowa Voter dentification Card at the time of registration. Nny voter may request a Voter Identification Card.				
YOUR IOWA RESIDENTIAL ADDRESS	Home Street Address (include apt, lot, etc. if applicable) City Zip County You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.							
WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED If different than above	Mailing Address/F City Country (other the		Stat	te		Zip		
CONTACT INFO Important	Phone						Do not add this contact info to my voter record	
ELECTION DATE OR TYPE Choose only one election.	Election Date: OR	/ General	/	City/School	Special:	:		
PRIMARY ELECTION ONLY	Check one politi	ical party	☐ Democratic	Republican				
REQUESTER AFFIDA' Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.		I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this for I am eligible to receive and vote an absentee ballot for the election indicated above. Signature: X Date						
		E OF IOWA (Official Absentee Bai	LLOT REQUEST FOR	RM		FOR OFFICE USE ONLY	

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	STATE OF IOW	A OFFICIAL ABSENTEE BALLOT RE	QUEST FORM	FOR OFFICE USE ONLY				
	Last	S	uffix					
YOUR NAME AND DATE OF BIRTH	First	Middle						
	Date of Birth (month, day, year)	//	Revised October 2019					
ID NUMBER Complete one	lowa Driver's License or Non-Op OR Four-digit Voter PIN (can be foun	d on Voter Identification Card):		Voters who do not appear in the lowa Dept. of Transportation's Driver's License or Non-Operator ID files are mailed an lowa Voter Identification Card at the time of registration. Any voter may request a Voter Identification Card.				
Your Iowa	Home Street Address (include apt, lot	, etc. if applicable)						
RESIDENTIAL	City	Zip		County				
	You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.							
WHERE YOUR	Mailing Address/P.O. Box							
ABSENTEE BALLOT SHOULD BE MAILED	City	State		Zip				
If different than above	Country (other than USA)							
CONTACT INFO Important	Phone	Email		Do not add this contact info to my voter record				
ELECTION DATE OR TYPE Choose only one election.	Election Date:/_ OR	I Primary Ci	sy/SchoolSpecial:	:				
PRIMARY ELECTION ONLY	Check one political party	☐ Democratic ☐ Re	epublican					
REQUESTER AFFIDAN Powers of attorney do not have legal authority to	IT I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.							
request an absentee ballot on behalf of another.	Signature: X		Date					