

APPLICATION FOR ADVANCE VOTING BALLOT

↓ OFFICE USE ONLY - DO NOT WRITE IN THIS BOX ↓

VOTER NO. _____ STATUS _____ WARD _____ PCT _____ SCHOOL DIST _____
BALLOT MAILED _____ INITIALS _____

Affirmation of an Elector of the County of Wyandotte, and State of Kansas Desiring to Vote an *Advance Voting Ballot*

State of Kansas

County of Wyandotte, ss:

I do solemnly affirm that I am a qualified elector of the precinct listed below, residing at the address listed below in the county of Wyandotte, and state of Kansas. I am entitled to vote an advance voting ballot and I have not voted and will not otherwise vote at this Election to be

held on _____ . My date of birth is _____ (month/day/year).

NOTE: IDENTIFICATION REQUIREMENTS FOR FIRST-TIME VOTERS. I understand that if I am voting for the first time in this county, I must provide with this application a copy of a current and valid photo identification, such as a Kansas driver's license, or a copy of a current utility bill, bank statement, paycheck, government check, or other government document that shows my name and address. If I do not provide a copy, I understand that I must provide my Kansas driver's license number _____ and/or the last 4 digits of my Social Security Number _____.

VOTER INFORMATION:

*MAIL BALLOT TO:

(Complete if mailing address is different)

Name _____
Residence _____
City/State/Zip _____
Ward/Pct _____
Telephone _____

Political Party _____
Complete only for primary election

***NOTE:** The ballot may be mailed only to the voter's residential or mailing address as indicated on the county voter registration list, to the voter's temporary residential address, or to a medical care facility where the voter resides. These restrictions do not apply to a voter who has an illness, disability or who lacks proficiency in the English language.

Signature of Voter **X** _____ Date _____

NOTE: False statement on this affirmation is a severity level 9, nonperson felony.

Any person or group engaged in the distribution of advance voting ballot applications shall mail, fax or otherwise deliver any application signed by a voter to the county election office within 2 days after such application is signed by the applicant.

THIS FORM ***MUST*** BE RETURNED TO:

WYANDOTTE COUNTY ELECTION OFFICE
POST OFFICE BOX 171767
KANSAS CITY, KANSAS 66117
Phone (913) 573-8500 Fax (913) 573-8580

----- *Fold here* -----

Place
Stamp
HERE

**Wyandotte County Election Office
Post Office Box 171767
Kansas City, KS 66117**

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