

# Request for Polling Place Change or Absentee Ballot

Please complete this form and mail or deliver it to your Board of Elections at least 21 days before the first election for which it is to be effective. The Board of Elections will do its best to accommodate your request, but if it is not possible to assign you to an accessible or another polling place, the board will notify you and issue you an absentee ballot.

**Part 1: Voter Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 Number and Street City Zip

Mailing Address for Absentee Ballot (if different): \_\_\_\_\_  
 Number and Street City State Zip

\_\_\_\_\_  
 Signature Date Telephone Number

**Part 2: Reason for Requesting a New Polling Place**

Please check the box that explains why you are asking for a new polling place or an absentee ballot. I am a registered voter and:

- I am 65 years of age or older and/or have a disability, and my assigned polling place is not structurally barrier free or accessible to me.
  - I would like to be reassigned to an accessible polling place:
    - Until I provide further notice to the election office; or
    - For the following elections:
      - April 2020 Presidential Primary Election
      - November 2020 Presidential General Election
  - I would like an absentee ballot for:
    - April 2020 Presidential Primary Election
    - November 2020 Presidential General Election

- I would like my polling place changed because I am the spouse or helper of an elderly voter or a voter with a disability. I am registered to vote in the same county as this voter and wish to be reassigned to the same polling place. I understand that I will only be reassigned if this voter's polling place will have my ballot available.

Printed Name of Elderly Voter or Voter with a Disability: \_\_\_\_\_

- I would like my polling place changed because entering my polling place conflicts with my bona fide religious beliefs and practices.

**Part 3: Assistance with Form**

Did someone help you complete this form?  Yes  No

If yes, the individual who helped you must read and complete the following: Under penalty of perjury, I hereby certify that the voter named above, who requires assistance because of disability or inability to read or write, authorized me to complete this form for him or her. If the voter was unable to sign this form, I have printed the voter's name, followed by my initials.

Signature of Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Assistant: \_\_\_\_\_

**For Board of Elections Use Only:**  Approved  Not approved - reason/date: \_\_\_\_\_

Comment/Action: \_\_\_\_\_ Voter reassigned to: \_\_\_\_\_  Voter provided Absentee Ballot

Date voter notified: \_\_\_\_\_ Signature of Board Official: \_\_\_\_\_