

## Nebraska Early Voting Ballot Application

| Date: |
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## RETURN COMPLETED APPLICATION TO: Garden County Election Office 611 Main St., PO Box 350 Oshkosh, NE 69154

EMAIL: clerk@garden.nacone.org FAX: (308) 772-9926

Applications must be physically signed. You can take a picture or scan your request and email it to your county election official. You can also mail or fax your application to your county election office.

| I, the undersigne  | d, declare that I am a re | egistered voter in Nebrask   | a. I am registered at the fo | ollowing address:            |                  |  |
|--|---------------------------|------------------------------|------------------------------|------------------------------|------------------|--|
|  |                           |                              |                              |                              | County.          |  |
| I am requesting e  | arly voting ballots for t | he following Election: Ge    | eneral Special (Ot           | · <u>—</u>                   | ore an election) |  |
| to be held on  |                           |                              |                              |                              |                  |  |
|  | I request to vote in the  | e Election Office today as t | he Early Voting Polling Pla  | ace.                         |                  |  |
|  | I request that ballots l  | oe mailed to me, (or to the  | person I am acting as age    | ent for), at the following a | ddress:          |  |
|  | Address Line 1:           |                              |                              |                              |                  |  |
|  | Address Line 2:           |                              |                              |                              |                  |  |
|  | City, State, Zip:         |                              |                              |                              |                  |  |
| I request to take the ballots with me, (or to the person I am acting as agent for, up to two people).  |                           |                              |                              |                              |                  |  |
|  | To confirm any inform     | nation prior to sending the  | ballots, the Election Office | e may reach me at:           |                  |  |
| Phone:   |                           | E1                           | mail:                        |                              |                  |  |
| Voter's Printed  | l Name:                   |                              | _ Voter's Signature: _       |                              |                  |  |
| Voter's Date of  | Birth (MM/DD/YY)          | YY)/                         |                              |                              |                  |  |
| If applying for ano  | ther voter: Agent's Sign  | nature:                      |                              | Relationship:                |                  |  |
| The penalty for election falsification is imprisonment for up to two years imprisonment and twelve months post-release supervision, a fine of up to ten thousand dollars, or both. |                           |                              |                              |                              |                  |  |
|  |                           | Election Office Use Only     | y                            |                              |                  |  |
|  |                           | Application Number:          |                              | Date Sent:                   |                  |  |
|  |                           | Voter ID Number:             | Ballot Assigned:             | Staff initial                | ls:              |  |

*§*32-941 Updated June 2020