

Nebraska Early Voting Ballot Application

Date:	

RETURN COMPLETED APPLICATION TO: Sheridan County Election Office 301 E 2nd St., PO Box 39 Rushville, NE 69360

EMAIL: clerk@sheridan.nacone.org FAX: (308) 327-5624

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 undersigned, declare that	I am a registered voter in Ne	ebraska. I am registered	at the following address	:
			, in	County.
I am requesting early voting bal	lots for the following Electio	 _	ecial (Other)	o davs before an election)
to be held on	, 20	(11010) 110 1111 1111 1111 1111		o days solore an eccess,
I request to vo	ote in the Election Office tod	ay as the Early Voting Po	olling Place.	
_	ballots be mailed to me, (or	-		llowing address:
	1:			
Address Line	2:			
City, State, Zi	p:			
I request to ta	ke the ballots with me, (or to	o the person I am acting	as agent for, up to two	people).
To confirm an	y information prior to sendi	ng the ballots, the Election	on Office may reach me a	at:
Phone:		Email:		
Voter's Printed Name:		Voter's Signa	iture:	
Voter's Date of Birth (MM/	DD/YYYY)//	<i></i>		
If applying for another voter: Age	ent's Signature:		Relationship:	
	alty for election falsification we months post-release sup			
	Election Office Us	o Only		
	Application Number		eceived:	Date Sent:
	Voter ID Number: _			Staff initials:

*§*32-941 Updated June 2020