

Nebraska Early Voting Ballot Application

| Date: |
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RETURN COMPLETED APPLICATION TO: Sherman County Election Office 630 O St., PO Box 456 Loup City, NE 68853

EMAIL: clerk@sherman.nacone.org FAX: (308) 745-0297

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