

The Center for Voter Information

324 S Wilmington St #417
Raleigh, NC 27601

© 2016-2020 The Center for Voter Information.
All Rights Reserved.

**VOTE AT HOME BALLOT REQUEST FORM
DO NOT DISCARD**

ELECTRONIC SERVICE REQUESTED

NONPROFIT
U.S. POSTAGE
PAID
PERMIT #2227
LANSDALE, PA

50030015737
Jane A. Smith
123 Main Street
Anytown, NC 12345-6789

DO NOT USE
This is an example of a third-party
pre-filled request form that is invalid.

Center For Voter Information

If you've already submitted a request for an absentee ballot for the 2020 General Election there is no need to submit another request.

Dear Jane,

The North Carolina State Board of Elections and county election officials encourage EVERYONE to use mail ballots in the upcoming elections. I have sent you the enclosed absentee ballot application already filled out with your name and address.

Voting by mail is EASY. Just sign, date, and complete the application. Drop it in the mail and you will receive a ballot from your county board of elections which you can complete and return without ever leaving your home.

By voting by mail from your home, and not waiting until Election Day, you've already done your part. You simply get to look forward to Election Day and hearing about the results.

No waiting in line. You can even research the candidates as you vote.

Be sure to check the option at the top of Box 2 to request a mail ballot for the November General Election.


Your privacy is protected. If you use the enclosed envelope with **pre-paid postage**, your application will be delivered directly to your county board of elections.

Sincerely,

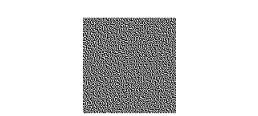


Lionel Dripps
Center for Voter Information

HOW DO YOU COMPARE WITH OTHERS?*



Your Participation



Average of All Voters

Your voting score is:
below average

DO NOT USE
This is an example of a third-party
pre-filled request form that is invalid.

P.S. We have already filled in your name and address on the enclosed form. **Please take a minute to complete the form, sign and date it and place the form in the pre-addressed, postage-paid envelope.** Thank you.

*Data obtained from publicly available state voter files.

If you wish to be removed from our mailing list, email this code: NCAY0048463 to unsubscribe@centerforvoterinformation.org

This mailing has been paid for by the Center for Voter Information (CVI). CVI is a non-government, nonprofit, 501(c)(4) organization. **(866)-377-7396** www.centerforvoterinformation.org. CVI is not affiliated with state or local election officials.
© 2016-2020 The Center for Voter Information. All Rights Reserved.



IT'S AS EASY AS 1-2-3

You're a voter, and for you, voting absentee by mail is simple. Here's how it works:

STEP 1: You complete, sign, and mail the form on the reverse of this sheet.

STEP 2: Your county board of elections mails you an absentee ballot.

STEP 3: You fill out the ballot and return it to your county board of elections—by mail.

When completing the form, you must sign and provide your name, residential address, DOB, and identification number (i.e., NC DMV driver license number, NC DMV identification card number, or last four digits of your social security number).

Your election office must receive this request by October 27, 2020 to send you an absentee ballot for the General Election on November 5.

SEE REVERSE FOR YOUR APPLICATION TO VOTE-BY-MAIL

DO NOT USE
This is an example of a third-party
pre-filled request form that is invalid

For questions, please call your county board of elections office. You can find their phone number at
ncsbe.gov

2020 STATE ABSENTEE BALLOT REQUEST FORM

(Read the instructions before completing this form. Items in red are required.)

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

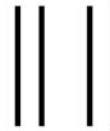
1	Voter Information	Last Name	First Name	Middle Name	Suffix	Date of Birth	
		SMITH	JANE	A.		/ /	
		Previous Last Name	Previous First Name	Previous Middle Name	NC DL or ID Number	Last Four Digits of Social Security number	
						OR	
		Current NC Residential Street Address		Have you lived at this address for 30 or more days? Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide your mailing address if you do not receive mail at your residential address.		
		123 MAIN STREET					
		City	State	Zip Code	County	If "No", date moved?	
		ANYTOWN	NC	12345	ALAMANCE	/ /	
		Please provide your email address or a telephone number in case we have a question concerning this request.					
		E-mail				Phone	
2	Absentee Voting Information	Select the date of the election event for which a by-mail absentee ballot is being requested. You may only select one election event per request form.			Election Date (select one)		
					<input type="checkbox"/> June 23, 2020 <input type="checkbox"/> November 3, 2020		
		Absentee Mailing Address (where you would like your ballot sent)			<input type="checkbox"/> Check if you would like to request absentee ballots for all elections held during this calendar year in which you are eligible to vote due to continued or expected illness or disability.		
		Mailing City			State	Zip Code	If you are requesting an absentee ballot for a <i>partisan primary</i> , and you are not affiliated with a political party (<i>Unaffiliated</i>), select a primary ballot preference.
					<input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Nonpartisan		
		Near Relative or Legal Guardian Request: If you are requesting an absentee ballot on behalf of a near relative or for someone for whom you are the legal guardian, provide your name, relationship to the voter (see instructions), address and contact information.					
		Near Relative or Legal Guardian's Name			Relationship to Voter		
		Near Relative or Legal Guardian's Address					
		Voter Assistance: If the voter received assistance completing this form due to blindness, disability, or inability to read or write and no near relative or legal guardian of the voter was available, list the name and address of the person assisting the voter with completing this form.					
		Voter Assistant's Name					
		Address		City	State	Zip Code	
		If voter is a patient in a hospital, clinic, nursing home or rest home, does voter need assistance with voting and returning the ballot? Yes <input type="checkbox"/> No <input type="checkbox"/>					
		If Yes, what is the name and address of the hospital or facility? <input type="text"/>					
3	Military & Overseas	Are you an absentee military or overseas voter? Yes , select the best option below that describes your absentee status:					
		<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty or eligible spouse/dependent and currently absent from county of residence					
		<input type="checkbox"/> U.S. citizen outside the United States					
		Provide the address where you are currently stationed or living overseas.		Send your ballot by mail? (provide address)			
		Send your ballot by email? (provide email address)			Send your ballot by fax? (provide #)		
4	Signatures	Voter's Signature			Near Relative or Legal Guardian Signature (if applicable)		
		X			X		
		Date			Date		

DO NOT USE
This is an example of a third-party pre-filled request form that is invalid

Jane A. Smith
123 Main Street
Anytown, NC 12345-6789
Alamance



**NO POSTAGE NECESSARY.
POSTAGE HAS BEEN PAID.**



**FIRST-CLASS MAIL
U.S. POSTAGE
PAID
VPC
IMB-POSTAGE**



ALAMANCE COUNTY BOARD OF ELECTIONS
115 S MAPLE ST
GRAHAM, NC 27253-2811

DO NOT USE
This is an example of a third-party
pre-filled request form that is invalid.