

Summit County Board of Elections
Absentee Department
470 Grant Street
Akron, OH 44311-1193

Absentee Ballot Application

R.C. 3509.03

APPLICATIONS BY EMAIL OR FAX ARE PROHIBITED

Voter Name
Required

1

First Middle
Last Suffix

Date of Birth
Required

2

Date of Birth (*do not write today's date here*)

Address at Which you are Registered to Vote
Home Address Required

3

Street Address (*no P.O. boxes*) County
City/Village ZIP

Mailing Address
Required only if you wish to have your ballot mailed to a different address than the address at which you're registered to vote.

4

Street Address (*or P.O. box*)
City/Village
State ZIP

Identification
Required

You must provide ONE of the following.

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- Your Ohio driver's license number (*2 letters followed by 6 numbers*) **OR**
- Last four digits of your Social Security number **OR**
- Copy of a current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck or other government document (other than a notice of voter registration mailed by a board of elections) that contains your name and current address.

Election
Required

You must complete a separate application for each election.

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- Date of Election (*do not write today's date here*)
- General Election** **Special Election**
 - Primary Election** For a PARTISAN primary election only, you must choose the type of ballot:
 - Political party ballot Name of Political Party
 - Issues only ballot

Affirmation
Required

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- I wish to have an absentee ballot mailed to me at the address listed above.
- I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day if by mail or by 2 p.m. the day before the election if in person.
- I understand that if an absentee ballot is mailed to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after Election Day.
- I understand that, if I do not provide the required information, my application cannot be processed.
- **I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.**

Signature X

Today's Date

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide the following information.

Telephone Number E-mail Address

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.