

*Indicates required information

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM

Mail to: FOR OFFICE USE ONLY

YOUR NAME* AND DATE OF BIRTH*

Last _____ Suffix _____
 First _____ Middle _____
 Date of Birth (month, day, year) ____/____/____

Benton County Auditor
 P.O. Box 549
 Vinton IA 52349
 Revised July 2018

ID NUMBER

Iowa Driver's License or Non-Operator ID Number: _____
 OR
 Four-digit Voter PIN (can be found on Voter Identification Card): _____
 Voters without an Iowa Driver's License or Non-Operator ID number are mailed an Iowa Voter Identification Card at the time of registration.

YOUR IOWA RESIDENTIAL ADDRESS*

Home Street Address (include apt, lot, etc. if applicable) _____
 City _____ Zip _____ County _____
 You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.

WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED

If different than above

Mailing Address/P.O. Box _____
 City _____ State _____ Zip _____
 Country (other than USA) _____

CONTACT INFO

Important Phone _____ Email _____ Do not add this contact info to my voter record

ELECTION DATE OR TYPE*

Election 03/03/2020
 OR General Primary School City Special: College CSD

PRIMARY ELECTION ONLY

Check one political party Democratic Libertarian Republican

REQUESTER AFFIDAVIT* I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.

Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.

Signature: X Date _____