**STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM**

**YOUR NAME AND DATE OF BIRTH**
- Last
- First
- Middle
- Date of Birth (month, day, year) ______/_____/______

**ID NUMBER**
- Iowa Driver’s License or Non-Operator ID Number: __________________________
- OR
- Four-digit Voter PIN (can be found on Voter Identification Card): ____________

**YOUR IOWA RESIDENTIAL ADDRESS**
- Home Street Address (include apt, lot, etc. if applicable):
  - City __________________________
  - Zip __________________________
  - County _______________________

**WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED**
- Mailing Address/P.O. Box __________________________
- City __________________________
- State _________________________
- Zip __________________________

**CONTACT INFO**
- Phone _________________________
- Email _________________________

**ELECTION DATE OR TYPE**
- Election Date: 03/03/2020
- OR
- Special: College CSD

**PRIMARY ELECTION ONLY**
- Check only one political party:
  - Democratic
  - 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.

**Signature:** X

**Date**