

APPLICATION FOR ABSENTEE BALLOT

IMPORTANT!

- **Application must be filed by the close of business on Friday, May 2, 2014.**
- **Absentee ballot must be received by Election Judge or Designated Election Official by 7:00 p.m. on Election Day, Tuesday, May 6, 2014, to be counted.**

Applications may be mailed to: Health District of Northern Larimer County, ATTN: Designated Election Official, 120 Bristlecone Drive, Fort Collins, CO 80524 or faxed to 970-221-7165.

TO: Designated Election Official
Health District of Northern Larimer County ("District"):

I, _____, whose date of birth is _____, 19____, am
requesting an absentee ballot on behalf of (select one):

- ☐ myself, or
☐ _____ (enter name), a family member related by blood,
marriage, civil union, or adoption to the applicant

who is an eligible elector of the Health District of Northern Larimer County, State of Colorado, eligible
by virtue of:

- ☐ Being a resident of the District, with an elector **residence** address of:


(Address) (City) (Zip) (County), CO

Or

- ☐ Ownership (or spouse or civil union partner) of the taxable real or personal property (described
below) situated within the boundaries of the District, or a person who is obligated to pay taxes
under a contract to purchase taxable property within the District

Physical address or description of property:

(Address) (City) (Zip) (County), CO

- ☐  Check box if elector wishes to be on District's **permanent absentee voter** list. Applicant
will receive an absentee ballot for every election conducted by the District if checked.

Mail elector's absentee ballot to this address:

(Address) (City) (State) (Zip)

I am applying for an absentee ballot for use by me or the person noted above per §1-13.5-1002(1)(a)(II) in
voting at the District's regular election to be held on the 6th day of May, 2014.

Signature

Name Printed

Date

* Witnessed by

* In case of elector's inability to sign her/his name, the elector's mark shall be witnessed by another person.