

APPLICATION FOR ABSENTEE BALLOT

C.R.S.1-13.5-1001, et seq

IMPORTANT!

- Application must be filed by close of business, Tuesday, April 27, 2027.
- Absentee ballot must be received by Election Judge or DEO by 7:00PM on election day, May 4, 2027, to be counted.

To the Designated Election Official of Health District of Northern Larimer County

I, _____, am requesting an absentee ballot on behalf of (select one): ☐ myself, whose birth year is: _____ or

☐ _____, a family member related by blood, marriage, civil union, or adoption to the applicant, whose birth year is: _____

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: _____

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: _____

☐ ← 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: _____

I am applying for an absentee ballot for use by me or the person noted above per §1-13.5-1002(1)(b) in voting at the district's regular election to be held on the 4th day of May, 2027.

(*signature)

(date)

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