

Instructions for Completing the Absentee Ballot Application Form

This form (page 3) is used to request an absentee ballot for the upcoming special district election in Colorado. Follow these instructions carefully to ensure your application is properly completed and submitted on time.

General Statutory Guidelines:

- **Deadline to Apply:** Submit your application by Tuesday, April 29, 2025, by 5:00 p.m.
- **Deadline to Return the Ballot:** The completed absentee ballot must be received by the Election Judge or Designated Election Official (DEO) by 7:00 p.m. on Election Day, May 6, 2025.
- **Submission:** If no DEO is appointed, the form should be processed by the secretary of the district per C.R.S. 1-13.5-1003.

Step-by-Step Instructions:

1. Designated Election Official Information

a. Address the application to the Designated Election Official of the special district conducting the election:

Gilbert Ortiz
120 Bristlecone Drive
Fort Collins, CO 80524

or

election@healthdistrict.org

2. Applicant Information

a. **Full name:** Write your full legal name.

b. **Birth year:** Provide your birth year.

c. If applying for yourself, check the box next to “myself.”

d. **Requesting for yourself or a family member:**

i. If applying for a family member (related by blood, marriage, civil union, or adoption), write their birth year and indicate your relationship.

3. Voter Eligibility

a. Indicate your eligibility by selecting one of the following:

i. **Resident of the district:** Check this box and provide your elector residence address.

ii. **Property owner or spouse/civil union partner of property owner:**

1. If you own taxable real or personal property within the district, check this box.

2. If you are a spouse or civil union partner of a property owner, you may also check this box.

3. Provide the physical address or description of the property within the district.
4. Permanent Absentee Voter List (Optional)
 - a. If you want to receive an absentee ballot for every election conducted by the district, check the box to be placed on the District's Permanent Absentee Voter List.
5. Ballot Mailing Address
 - a. Provide the address where the absentee ballot should be mailed. Ensure this address is accurate to avoid delays.
6. Signature and Date
 - a. Sign and date the application (requires physical, not electronic, signature)
****NOTE: ELECTRONIC SIGNATURES WILL NOT BE ACCEPTED****
 - b. If you are unable to sign your name, make your mark and have it witnessed by another person.
7. Final Steps
 - a. Double-check that all required fields are completed.
 - b. **Submit the form to the appropriate election official before the deadline by U.S. mail, election@healthdistrict.org, or dropping off in person at 120 Bristlecone Drive, Fort Collins, CO 80524**

Please follow up if you do not receive your absentee ballot in a timely manner. For any questions, contact the Designated Election Official (DEO) or the Secretary of the District at election@healthdistrict.org.

APPLICATION FOR ABSENTEE BALLOT

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

IMPORTANT!

- Application must be filed by 5:00 p.m. on Tuesday, April 29, 2025.
• Absentee ballot must be received by Election Judge or Designated Election Official (DEO) by 7:00 p.m. on Election Day, Tuesday, May 6, 2025, 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; faxed to 970-472-1056; or emailed (as a scanned attachment) to election@healthdistrict.org.

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

I, _____ am requesting an absentee ballot on behalf of (select one):

- checkbox myself, whose birth year is _____, or
checkbox _____ (enter name), 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:

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

(Address) (City) (State) (Zip), (County)

Or

- checkbox 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) (State) (Zip), (County)

- checkbox 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, 2025.

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.