

# VOTE BY MAIL In the Health District Board of Directors Election



**To do so, IF YOU HAVEN'T ALREADY RECEIVED A BALLOT YOU WILL NEED TO REQUEST ONE. See information below.**

The Health District Board of Directors election was scheduled as a polling-place election before the COVID-19 pandemic. At the time of this publication, by law, we must still make in-person voting available. We also are not permitted to cancel or postpone the election.

**However, we are asking everyone who can to please vote by mail for their health, safety, and convenience.**

Because Special District election regulations are different than other elections, those who have not previously requested to be on the Health District's permanent absentee voter list will not automatically receive a ballot in the mail, even if they normally vote by mail in all other local elections.

You must use an **absentee ballot**, even if you plan to be in town during the election. This is the only way to vote by mail.

If you voted by mail in a previous Health District Board of Directors election, AND you requested to be on the **permanent absentee voter list**, the Health District will automatically send you a ballot for this and all future Board of Directors elections. **If you haven't already received a ballot by the time of this publication, you will need to request one for this election by completing and submitting an Application for Absentee Ballot.** If you don't have access to a computer and need another absentee ballot application, call 970-224-5209.

**1. Clip and complete the Application for Absentee Ballot** at right or download an application from healthdistrict.org/2020-election. For questions call 970-224-5209.

**2. Sign and return the application** to the Health District by **Tuesday, April 28.** You may return your application by mail to Chris Sheafor, at 120 Bristlecone Dr., Fort Collins, CO 80524; by fax at 970-221-7165; or by email (as a scanned attachment) at kfagan@healthdistrict.org.

**3. Mail your completed ballot.** Or drop it off in the lobby ballot box at the Family Dental Clinic, 202 Bristlecone Dr., Fort Collins, 8 a.m. – 4 p.m., M-F.

**Your ballot must be received at the Health District by 7 p.m. on Election Day, May 5, 2020, in order to be counted.**

## APPLICATION FOR ABSENTEE BALLOT IMPORTANT!

- Application must be filed by the close of business on Tuesday, April 28, 2020.
- Absentee ballot must be received by Election Judge or Designated Election Official by 7:00 p.m. on Election Day, Tuesday, May 5, 2020, 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 970-221-7165; or by email (as a scanned attachment) to kfagan@healthdistrict.org.

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 5th day of May, 2020.

\_\_\_\_\_  
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.