

# Application for Absent Voter's Ballot by a Voter With a Disability & Request to Use Remote Ballot Marking System

print clearly

R.C. 3509.03; 42 U.S.C. § 12101 et seq.

**Voter Name**  
Required

**1** First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_ Suffix \_\_\_\_\_

**Voter Date of Birth**  
Required

**2** Date of Birth (*Do not write today's date here*) \_\_\_\_\_

**Address at which you are registered to vote**  
Required

**3** Street Address (*No P.O. Boxes*) \_\_\_\_\_ County \_\_\_\_\_  
City/Village \_\_\_\_\_ ZIP \_\_\_\_\_

**Voter Identification**  
Required

*You must provide ONE of the following.*

**4**  Your Ohio driver's license number (*2 letters followed by 6 numbers*) \_\_\_\_\_ **OR**  
 Last four digits of your Social Security number \_\_\_\_\_ **OR**  
 Copy of a current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck or other government document (other than a notice of voter registration mailed by a board of elections) that contains your name and current address.

**Election**  
Required

*You must complete a separate application for each election.*

**5** Date of Election (*Do not write today's date here*) \_\_\_\_\_  
 **General Election**       **Special Election**  
 **Primary Election**      For a PARTISAN primary election only, you must choose the type of ballot:  
 Political party ballot      Name of Political Party \_\_\_\_\_       Issues only ballot

**Delivery of Ballot**  
Required

*\*You do not need to state your qualifying disability.*

**6**  Check this box if the following statement is true: I have a qualifying disability under the Americans with Disabilities Act and want to mark my ballot using the remote ballot marking system provided by my county board of elections in order to mark my ballot independently. Deliver my ballot to me at the following email address:  
**Email Address** \_\_\_\_\_

**Delivery of Identification Envelope/ Statement of Voter and Return Envelopes**  
Required

**7** After marking your ballot using the remote ballot marking system, you need to print your ballot, enclose it with your identification envelope/statement of voter, and return it to your county board of elections. Your county board of elections will mail an identification envelope/statement of voter and a return envelope to you.  
 **If you want the envelopes mailed to an address that is different from the address at which you are registered to vote, please provide that address below.**  
 Street Address or PO Box \_\_\_\_\_  
 City/Village \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Affirmation**  
Required

**8**

- I wish to have an absentee ballot delivered to me at the email address listed above.
- I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day.
- I understand that if an absentee ballot is delivered to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after Election Day
- I understand that, if I do not provide the required information, this application cannot be processed.
- **I hereby declare, under penalty of election falsification, that I am a qualified elector with a qualifying disability under the Americans with Disabilities Act, the requested reasonable accommodation is necessary in order for me to mark my ballot independently, and all the statements above are true.**

**Signature of Voter X** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide your telephone number.

Telephone Number \_\_\_\_\_

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**