## ABSENT/BY-MAIL VOTER APPLICATION

Name (required) Last	First	Middle	Date	Date of Birth (month/day/year)		
Home Address	City		State		Zip Code	
I, a qualified elector residing i	n Tooele County at the abo	ove address, apply for	an official absen	tee/by-mai	l ballot to be cast	
by me at the following election	on(s):					
Municipal General Electio	n Regulai	r General Election	Special i	Special Election		
Municipal Primary Election	on Regular	Primary Election	ction Western States Presidential Primary			
I would like my name placed	on the permanent absente	e/by-mail voter list:	Yes	No		
Please mail my absentee/by-	mail ballot to the following	g address:				
100 100 100 100 100 100 100 100 100 100		/				
If you are requesting an abs	entee/by-mail ballot for a		l Address ट <b>ase complete th</b>	e followin	g section:	
I, a qualified elector, residing Political part	in Tooele County at the al		or an official abse	ntee/by-m	ail ballot for the	
I understand that I must be a	ffiliated with or authorized	d to vote the political	party's ballot tha	it I request	•	
I am an overseas or military v	voter: Yes No	If yes, you may provide	e a fax number of e	:-mail addre	ss	
Please sign below:				//	<del></del>	
	Voter's Signature		Month	Day	Year	

Return your application to Marilyn K. Gillette, Tooele County Clerk, 47 So. Main, Tooele, UT 84074