Registration #	Precinct # / Combo	Ballot Style	Ballot #	Reason ☐ No Reason ☐ 75/ D
Certified and Approved: _____				
Date Application Received: _____		Date Ballot Mailed: _____		

FOR OFFICE USE ONLY

Date of Primary, Election, or Runoff: ____August 10, 2010_____

☐ **DEMOCRATIC** ☐ **REPUBLICAN** *(For Primary Elections Only)*
☐ **NON-PARTISAN / SPECIAL**

☐ **VOTE BY MAIL:** Requesting a ballot by mail for such election, and am not required to provide a reason.

☐ **OVER 75 OR DISABLED**

PLEASE PRINT

Date of Birth_____

_____
(Name as Registered)

_____
(Address as Registered)

_____
(City) (State) (Zip)

(H)_____ (W)_____ _____
Telephone Number (Optional) Email Address (Optional)

☐ I request that ballot be mailed to (if different from above): _____

SIGNATURE (OR MARK) OF VOTER:_____

Signature of person assisting disabled or illiterate voter: _____

NOTE: Each voter must make his or her own application by mail, by fax, or in person unless he or she is residing temporarily out of the county or municipality, or is a voter with a disability residing within the county or municipality. **A disabled or illiterate voter may receive assistance.**

IF YOU ARE VOTING BY MAIL BECAUSE YOU ARE:

☐ A Member of the Armed Forces or Merchant Marines of the United States or a spouse or dependant living outside the county or municipality in which the election is held or a civilian permanently residing overseas, check the appropriate box:

☐ **MST** - military stateside ☐ **MOS** - military overseas ☐ **OSP** - overseas civilian (permanent)

☐ A voter age 75 or older, or

☐ A voter with a physical disability

You may submit one application and receive a ballot for the Primary, Primary Runoff, General Election, and General Election Runoff by completing the information below:

I CHOOSE TO RECEIVE:

☐ **All ballots as allowed by law**

FOR VOTERS RESIDING TEMPORARILY OUT OF COUNTY/MUNICIPALITY, OR A PHYSICALLY DISABLED VOTER RESIDING WITHIN COUNTY/MUNICIPALITY:

In the case of a voter residing temporarily out of the county/municipality or a physically disabled voter residing within the county/municipality, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, or sister-in-law of the age of 18 or over upon completing the following oath:

I, the undersigned, do swear (or affirm) that the above named voter is:

☐ Residing temporarily out of the county/ municipality

☐ A voter with a physical disability residing within the county/municipality, and that the facts included within this application are true.

Cherokee County Elections & Registration
400 East Main Street, Canton, GA 30114-2802
Fax # 770-479-9791

_____
Signature and relationship of relative requesting ballot