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: __November 03, 2009_____

☐ **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 address from above):

_____

_____

SIGNATURE (OR MARK) OF VOTER:_____

Signature of person assisting disabled or illiterate voter: _____

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:

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

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.

_____
Signature and relationship of relative requesting ballot