

Cherokee County Elections and Voter Registration
VOTE BY MAIL APPLICATION
2017 Special Election

Return Application one of the following ways:

1. FAX: 770-479-9791 2. SCAN & EMAIL: JAkins@cherokeega.com 3. MAIL: 400 E. Main Street, Canton, GA 30114
 FOR QUESTIONS OR CONCERNS: CALL 770-479-0407 OR VISIT OUR WEBSITE AT <http://voter.cherokeega.com>

1 Registered voter's information		<i>ONLY FILL IN IF BALLOT IS TO BE MAILED TO DIFFERENT ADDRESS</i>		
<i>NAME</i>		<i>CARE OF</i>		
<i>STREET ADDRESS</i>		<i>ADDRESS/PO BOX</i>		
<i>CITY</i>	<i>ZIP</i>	<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>
<i>PHONE</i>	<i>EMAIL</i>	<i>PHONE</i>	<i>EMAIL</i>	
2 Date of Birth				
GA Driver's License or ID # <i>(optional)</i>				
3 Election Date: <input checked="" type="checkbox"/> Tuesday, Nov 7, 2017 Special Election				
Are you a disabled voter? <input type="checkbox"/> yes <input type="checkbox"/> no Are you age 65 or older? <input type="checkbox"/> yes <input type="checkbox"/> no				
4 Signature Information: If requesting your own ballot, signature or mark of voter is required. The voter must sign or make a mark. If the signature or mark does not match the signature or mark on file, the voter will be asked to update the registration record.				
SIGNATURE OR MARK OF VOTER _____ Date _____				
Sign and date if preparing this application for illiterate or disabled voter _____ Date _____				
If requesting a ballot for another voter, signature and reason required. You may apply on behalf of another person only in the following circumstances: In the case of a voter temporarily residing out of the county or a physically disabled voter residing within the county, 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, 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 <input type="checkbox"/> Residing temporarily out of the county or <input type="checkbox"/> is a physically disabled voter residing within the county, and the facts included in this application are true.				
Signature and relationship of relative requesting ballot: _____ Date _____				
FOR OFFICE USE ONLY				
REG#	PRECINCT#/COMBO	BALLOT STYLE	BALLOT #	<input type="checkbox"/> Disabled
DATE RECEIVED		CERTIFIED & APPROVED		
DATE BALLOT MAILED				