



# Cherokee County Elections and Voter Registration

## VOTE BY MAIL APPLICATION

Return Application one of the following ways:

1. FAX: 678-493-4703 2. SCAN & EMAIL: [voterhelp@cherokeega.com](mailto:voterhelp@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

*ONLY FILL IN IF BALLOT IS TO BE MAILED TO DIFFERENT ADDRESS*

<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

**3 Election Date:** Ballots may be requested up to 180 days prior to the election. I hereby request a ballot be issued to me for the following election:

January 5, 2021 Federal Election Runoff

**For Elderly and Disabled Voters ONLY:** You may choose to complete one application and receive a ballot for the General Primary and Runoff, and the General Election and Runoff by checking one of the following boxes:

- I am 65 years of age or older & would like to vote by mail for the entire year.
- I have a physical disability & would like to vote by mail for the entire year.

**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  Residing temporarily out of the county or  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

<b>REG#</b>	<b>PRECINCT#/COMBO</b>	<b>BALLOT STYLE</b>	<b>BALLOT #</b>	<input type="checkbox"/> No Reason <input type="checkbox"/> Disabled <input type="checkbox"/> >65
<b>DATE RECEIVED</b>		<b>CERTIFIED &amp; APPROVED</b>		
<b>DATE BALLOT MAILED</b>				