



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 3. MAIL: 2782 Marietta Hwy., Suite 100, 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			

3 Election Date: Ballots may be requested up to 180 days prior to the election. **YOU MUST SUBMIT SEPARATE APPLICATIONS FOR EACH RUNOFF UNLESS YOU ARE ELDERLY OR DISABLED.**

I hereby request a ballot be issued to me for the following election:

- December 1, 2020 State Election Runoff
 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				
REG#	PRECINCT#/COMBO	BALLOT STYLE	BALLOT #	<input type="checkbox"/> No Reason <input type="checkbox"/> Disabled <input type="checkbox"/> >65
DATE RECEIVED		CERTIFIED & APPROVED		
DATE BALLOT MAILED				