



Cherokee County Elections and Voter Registration

VOTE BY MAIL APPLICATION

ALL BALLOTS
E/D

Return application one of the following ways:

1. SCAN & EMAIL: voterhelp@cherokeega.com 2. FAX: 678-493-4703 3. MAIL: 2782 Marietta Hwy, Ste 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>		
NAME	CARE OF		
STREET ADDRESS	ADDRESS/PO BOX		
CITY ZIP	CITY	STATE	ZIP
PHONE EMAIL	PHONE		EMAIL
2 Date of Birth			
<p>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:</p> <p><input checked="" type="checkbox"/> November 3, 2020 General Election</p> <p><input checked="" type="checkbox"/> December 1, 2020 State Election Runoff</p> <p><input checked="" type="checkbox"/> January 5, 2021 Federal Election Runoff</p>			
<p>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:</p> <p><input type="checkbox"/> I am 65 years of age or older & would like to <u>vote by mail for the entire year.</u></p> <p><input type="checkbox"/> I have a physical disability & would like to <u>vote by mail for the entire year.</u></p>			
<p>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.</p> <p>SIGNATURE OR MARK OF VOTER _____ Date _____</p> <p>Sign and date if preparing this application for illiterate or disabled voter _____ Date _____</p> <p>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.</p> <p>Signature and relationship of relative requesting ballot: _____ Date _____.</p>			
FOR OFFICE USE ONLY			
REG#	PRECINCT#/COMBO	BALLOT STYLE	BALLOT # <input type="checkbox"/> No Reason <input type="checkbox"/> Disabled
DATE RECEIVED		CERTIFIED & APPROVED	
DATE BALLOT MAILED			