

APPLICATION FOR MUNICIPAL ABSENTEE BALLOT

FORM AV-M1
Date Revised 09/03/2019

Return this application to:

CITY OF DADEVILLE
265 N BROADNAX ST
DADEVILLE, AL 36853

_____ COUNTY, ALABAMA

Please note that only one application may be placed in the same envelope.

Please note that a copy of your valid photo identification must be submitted along with this application.

General Voter Information - Please provide complete information so that we may verify your eligibility to vote.

Last Name (Please print)		First Name		Middle or Maiden Name		E-mail Address	
Street Address (address where you are registered to vote; do not use PO box)						City	ZIP
Mail my ballot to the address where I regularly receive mail, if different from the street address provided above							
Precinct where you vote (name and/or location of your polling place)							
Date of Birth		Month	Day	Year		Driver's License Number	
Home Telephone Number ()		Work Telephone Number ()		STATE	NUMBER		IF NO DRIVER'S LICENSE NUMBER
							Last 4 digits of Social Security number

For all registered voters

I hereby make application for an absentee ballot so that I may vote in the following election:

- Municipal Election
 Special Municipal Election (*specify*) _____
 Municipal Runoff Election

Absentee ballots for municipal elections more than 42 days apart must be requested on separate applications

I am applying for an absentee ballot because (check at least one box):

- I expect to be out of the county or the state on election day.
 I have a physical illness or infirmity which prevents my attendance at the polls. [*ID Required*]
 *I have a physical illness or infirmity which prevents my attendance at the polls. I am unable to access my assigned polling place due to a neurological, musculoskeletal, respiratory (including speech organs), cardiovascular, or other life-altering disorder that affects my ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak and:
 - a) I am an elderly voter aged 65 or older; or
 - b) I am a voter with a disability.**ID Not Required*
- I expect to work a shift which has at least ten (10) hours that coincide with the polling hours at my regular polling place.
 I am enrolled as a student at an educational institution located outside the county of my personal residence, attendance at which prevents my attendance at the polls.
 I am a member of, or a spouse or dependent of a member of, the Armed Forces of the United States or am otherwise similarly qualified to vote absentee pursuant to the Uniformed and Overseas Citizens Absentee Voting Act, 52 U.S.C. § 20302.

This application for an absentee ballot will be valid for all county, state, and federal elections held during this calendar year unless you specify an earlier expiration date here: _____. [*ID Not Required*]

 I have been appointed as an election officer at a polling place which is not my regular polling place.
 I am a caregiver for a family member to the second degree of kinship by affinity or consanguinity and the family member is confined to his or her home.
 I am currently incarcerated in prison or jail and have not been convicted of a felony involving moral turpitude. (See back for felonies involving moral turpitude.)

When I apply for this absentee ballot, I understand that my name will be stricken from the list of qualified electors and, when I cast this absentee ballot, I understand that I will not be entitled to vote at my regular polling place.

Voter's Signature	Complete this section if voter signs by mark	Witness Signature
		Print Witness Name

The voter may hand this application to the Absentee Election Manager. The voter may also forward this application to the Absentee Election Manager by U.S. Mail or commercial carrier [§17-11-3 and §17-11-4, Code of Alabama, 1975].

READ PENALTIES ON BACK