

APPLICATION FOR BALLOT BY MAIL: COMPLETE ALL INFORMATION, READ INSTRUCTIONS VERY CAREFULLY, PRINT OR TYPE

Prescribed by the Secre

VOTER REGISTRATION INFORMATION

Name _____

Residence Address Where Registered to Vote, Include City, State, and Zip (if you will not have your ballot mailed to you at this address, see instructions at end of this form)

County Election Precinct Number*
 *Optional

Voter Registration Number*
 *Optional

Year of Birth*
 *Optional

Telephone Number*
 *Optional

Type and Date of Election
 Check here for ballots for both the main election and runoff if applicable

Party Preference (Primary Election Only)

MAIL MY BALLOT TO (if not residence address) (include street address, P.O. Box number, apartment number as applicable, city, state, and zip)

Este formulario está disponible en Español. Para conseguir la versión en Español favor de llamar sin cargo 1.800.252.8683 a la oficina del Secretario de Estado o la Secretaría de Votación por Adelantado.

**REASON FOR VOTING BY MAIL
 YOU MUST CHECK ONE**

1. _____ 65 years of age or older
 2. _____ Disability
 3. _____ Confinement in jail
 4. _____ Expected absence from the county.
- In order to check #4 as the reason for voting by mail, you must expect to be absent from the county on election day and during the period of early voting by personal appearance or for the remainder of the period after you submit your application. YOUR BALLOT MUST BE MAILED TO AN ADDRESS OUTSIDE THE COUNTY. GIVE DATE YOU CAN RECEIVE MAIL AT THE ADDRESS GIVEN.
 Date: _____ If an application is submitted AFTER early voting in person has begun, this application **MUST** be submitted to your early voting clerk from an address or by fax machine from outside of the county.

SPECIAL INSTRUCTIONS FOR HAVING YOUR BALLOT MAILED TO YOU

If you checked 65 years of age or older or disability as the reason to vote by mail, and you are requesting that the ballot be mailed to an address other than your permanent residence, indicate the type of address to which the ballot will be mailed from the list below:

1. _____ Mailing address as listed on my voter registration certificate
2. _____ Hospital
3. _____ Nursing home or long-term care facility
4. _____ Retirement center
5. _____ Relative; Indicate relationship _____
6. _____ Address of the jail
7. _____ Address outside the county

FOR WITNESS and/or ASSISTANT:

Applicant, if unable to sign, shall make mark in presence of witness. If applicant is unable to make mark, the witness shall check here. Failure to complete this information if signature was witnessed and applicant was assisted in completing the application is a Class 1 misdemeanor.

Signature of Witness/Assistant _____ Print Full Name of Witness/Assistant _____
 Residence Address of Witness/Assistant or Title of Witness/Assistant as an Election Official _____

See Instructions for Clarification
 Relationship to Applicant of Witness/Assistant (Check one: grandparent, spouse, child, sibling, other, same address as applicant)

"I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, AND I UNDERSTAND THAT PROVIDING FALSE INFORMATION IN THIS APPLICATION IS A CRIME."

SIGN HERE ►

SIGNATURE OF APPLICANT

ted - tear off on this line before mailing)
udo - Separe en esta linea antes de echar al correo)

Name _____
Address _____
City _____ State _____ Zip _____

TO: EARLY VOTING CLERK

IRENE GUMULA, COUNTY CLERK
Hockley County Address
802 Houston, Suite 213
Levelland, Texas 79398
City _____ State _____ Zip _____



AFFIX FIRST CLASS
POSTAGE
(PEGUE SELLO
DE CORREO DE
PRIMERA CLASE)