



REQUEST FOR ABSENTEE BALLOT BY A VOTER WITH A DISABILITY

I hereby, state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my disability or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature.

(Date) _____ (Mark)

(Printed Name of Voter)

I, the undersigned, hereby certify that: 1) the above-named voter affixed his or her mark to this application in my presence; 2) I know the voter to be the person who affixed his or her mark to this application, and; 3) I understand that this statement will be accepted for all purposes as the equivalent of an affidavit, and that if it contains a material false statement, I shall be subjected to the same penalties as if I had been duly sworn.

(Signature of Witness)

(Printed Name of Witness)

(Address of Witness)