vote
HAMILTON COUNTY OHIO

Vote by Mail Application August 4, 2020 Special Election in the city of Mt. Healthy & the village of St. Bernard

MAIL TO: Hamilton County Board of Elections, 4700 Smith Rd, Cincinnati, OH 45212

PLEASE PRINT OR TYPE:

Voter's Name _____

Current (home) Address _____

City, Village, or Post Office _____

County _____ Zip Code _____

Phone (Recommended) ☐☐☐ - ☐☐☐ - ☐☐☐☐

Mail Ballot to: *(if different from current (home) address)*

Name_____

Care of/PO Box_____

Address_____

City_____State_____Zip Code_____

REQUIRED ⇨ Birth Date: month _____/ day _____/ year _____

REQUIRED ⇨ Identification - You must provide ONE of the following:

- The last four digits of your social security number ☐☐☐☐

  OR

- Your Ohio driver license number ☐☐☐☐☐☐☐☐ (2 letters & 6 numbers)

  OR

- Copy of current and valid photo identification, military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and current address.

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- I wish to vote in the Special Election to be held **Tuesday, August 4, 2020**.

- I wish to have a ballot mailed to me at the address listed above.

- I understand this request must be received by my board of elections no later than noon on the Saturday before Election Day if by mail or by 2pm the day before the election if in person.

- I understand that if an absentee ballot is mailed to me and I change my mind and go to my polling place to vote on Election Day, I will be required to vote a provisional ballot that cannot be counted until at least 11 days after Election Day.

- I understand that, if I do not provide the required information, my application cannot be processed

- **I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.**

Signature X _____

Today's Date _____