



Application for Absent Voter's Ballot by a Voter With a Disability & Request to Use Remote Ballot Marking System

Mail To: Hamilton County Board of Elections, 4700 Smith Rd, Cincinnati OH 45212

Voter Name Required

1

First _____ Middle _____
Last _____ Suffix _____

Voter Date of Birth Required

2

Date of Birth (Do not write today's date here) month _____ / day _____ / year _____

Address at which you are registered to vote Required

3

Street Address (No P.O. Boxes) _____ County _____
City/Village _____ ZIP _____

Voter Identification Required

You must provide **ONE** of the following.

4

Your Ohio driver's license number (2 letters followed by 6 numbers) **OR**
 Last four digits of your Social Security number **OR**
 Copy of a 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 notice of voter registration mailed by a board of elections) that contains your name and current address.

Election Required

You must complete a separate application for each election.

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Date of Election (Do not write today's date here) _____
 General Election **Special Election**
 Primary Election For a PARTISAN primary election only, you must choose the type of ballot:
 Political party ballot Name of Political Party _____ Issues only ballot

Delivery of Ballot Required

*You do not need to state your qualifying disability.

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Check this box if the following statement is true: I have a qualifying disability under the Americans with Disabilities Act and want to mark my ballot using the remote ballot marking system provided by my county board of elections in order to mark my ballot independently. Deliver my ballot to me at the following email address:
Email Address _____

Delivery of Identification Envelope/ Statement of Voter and Return Envelopes Required

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After marking your ballot using the remote ballot marking system, you need to print your ballot, enclose it with your identification envelope/statement of voter, and return it to your county board of elections. Your county board of elections will mail an identification envelope/statement of voter and a return envelope to you.
 If you want the envelopes mailed to an address that is different from the address at which you are registered to vote, please provide that address below.
Street Address or PO Box _____
City/Village _____ State _____ ZIP _____

Affirmation Required

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- I wish to have an absentee ballot delivered to me at the email 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.
- I understand that if an absentee ballot is delivered 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, this application cannot be processed.
- **I hereby declare, under penalty of election falsification, that I am a qualified elector with a qualifying disability under the Americans with Disabilities Act, the requested reasonable accommodation is necessary in order for me to mark my ballot independently, and all the statements above are true.**

Signature of Voter X _____ Today's Date _____

To assist the board of election in contacting you in a timely manner if your application is incomplete, please provide your telephone number.

Telephone Number _____

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.