

MAIL - IN ABSENTEE BALLOT APPLICATION

State of Idaho
County of Bonneville

} s.s.

Bonneville County Elections

Date: _____

Mailing: 605 N Capital Ave, Idaho Falls, ID 83402

Physical: 825 Shoup Ave, Idaho Falls, ID 83402

Phone: 208.529.1363 Email: vote@co.bonneville.id.us Fax: 208.529.1188

I, _____, hereby make application for an absent elector's ballot to be
(Please Print Full Legal Name)

voted at the election held on:

(Check election(s) this application is to be used)

- 2nd Tuesday in March (School bond or Levy)
- 3rd Tuesday in May (Primary Election and/or Taxing Districts Elections)
- Last Tuesday in August (School Bond or Levy)
- Tuesday following 1st Monday in November (General Election and/or Taxing Districts Elections)
- Special Emergency Election to be held on _____, 20____.

My home address is: _____ in _____
(House Number & Street) (City)

and I am duly registered in Bonneville County, Idaho.

Phone Number _____

E-Mail Address _____

(Mailing Address)

ELECTOR MUST PERSONALLY SIGN APPLICATION

Signed: _____
(Elector's Signature)