

EARLY BALLOT REQUEST FORM

If you are going to be absent from your local address when ballots are mailed and wish to receive your ballot early, please complete this form. A signed request is required from each voter asking for this special assistance.

You may return the completed form to our offices in person, by mail or fax. If mailing or faxing, please allow two business days from receipt of your request for the ballot to be mailed.

Name (please print clearly): _____

Date of Birth: _____

Phone: _____ E-Mail: _____

Clackamas County mailing address: *(We can send a ballot ONLY to your mailing address of record.)*

If requesting that the ballot be mailed:

Please mail my ballot to arrive no later than _____

Signature: _____ Date: _____

Mail or deliver your completed request to:

Clackamas County Elections
1710 Red Soils Court, Suite 100
Oregon City, OR 97045

or FAX to: **503.655.8461**

For more information: Phone: **503.655.8510** E-mail: elections@co.clackamas.or.us

Visit us on the web: www.clackamas.us/elections