

**2005 APPLICATION FOR
ABSENT UNIFORMED & RESIDENT/
NONRESIDENT OVERSEAS ELECTORS
ABSENTEE BALLOT BY FACSIMILE**

**EL PASO COUNTY
STATE OF COLORADO
200 SOUTH CASCADE AVENUE
COLORADO SPRINGS, CO 80903
FAX: 719-520-7327**

<p>UOCAVA CITIZEN STATUS (Check One)</p> <p><input type="checkbox"/> Member of Uniformed Service</p> <p><input type="checkbox"/> Member of Merchant Marine</p> <p><input type="checkbox"/> Spouse/Dependent of (1) or (2) Above</p> <p><input type="checkbox"/> Resident Overseas Voter</p> <p><input type="checkbox"/> Nonresident Overseas Voter <i>(Federal Ballot Only)</i></p>
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<p>I wish to vote by electronic means in the following Elections:</p> <p>April 5, 2005 Colorado Springs City Election <input type="checkbox"/></p> <p>November 1, 2005 Coordinated Election <input type="checkbox"/></p> <p>Next two consecutive General Elections <input type="checkbox"/></p>

<p>Voter's Fax Number - as dialed from United States <i>This information MUST be provided to process a ballot</i></p>

**I UNDERSTAND THAT BY VOTING IN THIS MANNER, I AM VOLUNTARILY
WAIVING MY RIGHT TO A SECRET BALLOT.**

(Full Name, as registered - please print) (Date of Birth mm/dd/yyyy)

(Colorado Residence Address) (Apt No) (City/Town) CO (State) (County) (Zip Code)

**Party Enrollment / Change of Affiliation:
(Check One)**

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Democrat | <input type="checkbox"/> Unaffiliated (MUST affiliate in order to vote in primary elections) |
| <input type="checkbox"/> Republican | <input type="checkbox"/> Minor Political Party _____ |

Note: In order to vote in a primary election, you must be registered with a political party. Party changes must be made on or prior to the 29th day before a primary election.

I HEREBY CERTIFY THAT I AM A QUALIFIED AND REGISTERED ELECTOR IN THE STATE OF COLORADO.

Optional Information	
Daytime Phone:	_____
Social Security Number or last four digits:	_____
Email address:	_____

X _____
ELECTOR'S SIGNATURE **DATE**

***** _____
SIGNATURE OF WITNESS **DATE**

***** The application for an absentee ballot shall be personally signed by the applicant; or, in case of the applicant's inability to sign, the elector's mark shall be witnessed by another person.

UNDER COLORADO LAW, YOUR ABSENTEE BALLOT APPLICATION MUST CONTAIN YOUR PRINTED NAME, SIGNATURE, RESIDENCE ADDRESS, DATE OF BIRTH, AND FAX NUMBER IF YOU WISH TO RECEIVE THE BALLOT BY FAX. IF YOU DO NOT PROVIDE ALL OF THIS INFORMATION, YOU MAY NOT RECEIVE AN ABSENTEE BALLOT ACCORDING TO THE RULES ESTABLISHED BY THE SECRETARY OF STATE. VIOLATION OF THIS SUBSECTION IS AN OFFENSE PUNISHABLE AS PROVIDED IN SECTION 1-13-803. THE FAXED APPLICATION SHALL BE FILED NO LATER THAN THE CLOSE OF BUSINESS ON THE FRIDAY IMMEDIATELY PRECEDING THE ELECTION (5:00PM MST). MARK AND RETURN YOUR BALLOT AS SOON AS YOU RECEIVE IT.