

Application for Absentee Facsimile Ballot

Absent Uniformed and Resident/Nonresident Overseas Electors

THE FAXED APPLICATION SHALL BE FILED NO LATER THAN THE CLOSE OF BUSINESS (5:00PM MST) ON THE FRIDAY IMMEDIATELY PRECEDING THE ELECTION.



To: ELECTION DEPARTMENT
EL PASO COUNTY CLERK & RECORDER
PO BOX 2007
COLORADO SPRINGS, CO 80901-2007

FAX NUMBER: (719) 520-7327
E-MAIL ADDRESS: carweb@elpasoco.com
Questions, please call: (719) 575-VOTE (8683)

I am absent from the state and wish to vote by facsimile ballot in the following Elections:

UOCAVA CITIZEN STATUS (MUST check one)

- August 8, 2006 Colorado Primary Election
- November 7, 2006 General Election
- Next two consecutive General Elections

- Member of Uniformed Services of Merchant Marine on Active Duty, or an Eligible Spouse or Dependant
- A U.S. Citizen Residing Outside the U.S. Temporarily
- A U.S. Citizen Residing Outside the U.S. Indefinitely (Federal Ballot Only)

Voter's Fax Number

You MUST provide the phone number that will be used to fax your ballot from the United States.

Send my facsimile ballot to:



()
International Prefix

()
International Country Code

()
Local Area/Province/ City Code

()
Local Number

Example:
(Geneva, Switzerland)

(011)
International Prefix

(49)
International Country Code

(30)
Local Area/Province/ City Code

(124456789)
Local Number

Last Name (Required) First Name (Required) Middle Initial			Previous Name of Applicant – If Applicable		
Colorado Residential Address (Required) Apt. No.		City/Town (Required)	State	Zip (Required)	County
Date of Birth (Required) MM / DD / YYYY	Social Security Number OR Last 4 digits (Optional) - -	Daytime Phone (Optional) ()		Email Address (Optional)	

Party Affiliation: If you are currently Unaffiliated and wish to vote in a Primary Election, you must declare an affiliation with a political party. Unaffiliated voters may affiliate with a political party up to, and including Primary Election Day. If you are currently affiliated with a political party and wish to change your affiliation, you must submit this change request at least 29 days prior to Election Day.

Party Affiliation: _____ **OR UNAFFILIATED**

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

Please do not write outside the box

SIGNATURE or Mark (Required)



Date / /
MM DD YYYY

* **Witness Signature**

* 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.