FOR BOARD USE ONLY County ID#Ballot #			Lake Cou	Absentee Ballot Application Lake County Board of Elections 105 Main St. print clearly		
Pct	Split	Date:	· · · · ·			
				le, OH 44077	Phone:440	350 2700
Voter Name Required		First			Middle	
	1	Last			Suffix	
Date of Birth Required	2	Date of Birth (do no	ot write today's date here)		MM/DD/YYYY	
Address at Whi you are Registe to Vote Required	red	Street Address (no	P.O. boxes)		County	
	3	City/Village			ZIP	
Mailing Address Required only if you wish have your ballot mailed to a different address than the address at which you're registered to vate.		Street Address (or	P.O. box)			
	4					
		State	ZIP			
Identification Required		☐ Your Ohio driver's license number (2 letters followed by 6 numbers)OR				
You must provide ONE of the	e	☐ Last four digits of your Social Security number				
fallawing.	5	Copy of a curre last 12 months document (oth	ent and valid photo iden	ification, military ident ent, government check registration mailed by	ification, or a curren k, paycheck or other	t (within the government
Election		Date of Election (a	lo not write today's date here)			MM/DD/YYYY
Required You must complete a separat application for each election.		☐ General Elect	tion 🗌 Specia	al Election		
		☐ Primary Election For a PARTISAN primary election only, you must choose the type of ballot:				
		☐ Political	party ballot Name of F	olitical Party	Issue	es only ballot
Affirmation Required		∞ I wish to have an absentee ballot mailed to me at the address listed above.				
Required						
	7	∞ I understand that, if I do not provide the required information, my application cannot be processed.			ot be	
		∞ I hereby declare, under penalty of election falsification, that I am a qualified elector and the statements above are true.				
		Signature X				
		Today's Date				MM/DD/YYYY

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

Telephone Number_____ E-mail Address____