ARKANSAS APPLICATION FOR ABSENTEE BALLOT

Revised 09/2021

TO COUNTY CLERK: TRACY PRUITT, CLARK COUNTY CLERK 401 CLAY STREET ARKADELPHIA, AR 71923

Printed Name of Absentee Voter

FOR OFFICE USE ONLY				
DATE:				
REGISTRANT ID:				
PRECINCT:				

INSTRUCTIONS TO VOTER: PLEASE MAKE ONLY ONE SELECTION FOR SECTIONS ONE (1) THROUGH FOUR (4).

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1.	. PLEASE SELECT A REASON FOR REQUESTING AN ABSENTEE BALLOT: ☐ I will be unavoidably absent from my polling site on Election Day, OR				
1.					
		· · · · · · · · · · · · · · · · · · ·			
	 □ I will be unable to attend the polls on Election Day because of an illness or physical disability, OR □ I am a resident of a long-term care or residential facility licensed by the state. 2. PLEASE SELECT FROM THE FOLLOWING OPTIONS CONCERNING YOUR RESIDENCE: □ I currently reside within the county in which I am registered to vote. 				
2.					
		I currently reside outside of the county in which I am re	n registered to vote. erritorial limits of the United States (UOCAVA).		
		I am an active service member of the United States arm			
	☐ I am a spouse or dependent of an active service member of the United States armed services (UOCAVA).				
3.	PLEASE SELECT THE ELECTION IN WHICH YOU WISH TO CAST AN ABSENTEE BALLOT:				
	□ Preferential Primary/Nonpartisan Judicial General (held in the spring of even-numbered years).				
			Republican Nonpartisan (You will be sent a Judicial ballot only)	
		November General Election/Nonpartisan Judicial Runo		_	
		Annual School Election.			
		Special Election to be held on	(Date).		
		1			
	Yo	u may qualify for:			
	All elections for one calendar year (i.e., today's date through December 31st of the current year).				
	o In order to qualify for this option, you must be a voter with a disability, in a long-term or residential				
	care facility, or living outside of the county in which you are registered to vote.				
		☐ All elections through the next Federal Gene			
		 In order to qualify for this option, y 	you must be a UOCAVA voter (See Section 2 above).		
4.	PL	EASE SELECT HOW YOU WISH TO RECEIVE Y	OUR BALLOT:		
	☐ I will pick up my ballot from the office of the county clerk.				
	☐ Email (available for UOCAVA voters only). My email address is:				
		Mail. Please send my ballot to the following address:			
		District on the Design of Design of Administration on Au-	d		
		Picked up via Designated Bearer, Administrator, or Au	inonzed Agent:		
	Prir	nted Name of Bearer/Administrator/Agent	Signature of Bearer/Administrator/Agent		
	N T 4				
			or no more than two (2) voters per election and may only do so within the 15		
			election, or general election OR the 7 days before a runoff election. A bearer, hoto ID to the county clerk and must sign the register, under oath, when picking		
		or delivering an absentee ballot.	noto in to the county elerk and must sign the register, under oddit, when picking		
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			r penalty of perjury. If I have provided false information, I may be guilty of pe		
			ment for up to ten (10) years, or both, under federal law. I certify under pena	lty	
perjury	that I	am registered to vote, and that I am the person who is regis	tered to vote.		
Resident	al Ad	ldress of Absentee Voter	Date of Birth of Absentee Voter		
City Sta	e and	d Zip Code	Phone Number of Absentee Voter		
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Signature of Absentee Voter