State of Nevada, *Storey County*
Absentee Mail Ballot Request

Registration #

Check one of the boxes below IF applicable

☐ **65 years of age or older** ☐ **Physically impaired** ☐ **Military/Overseas**

1. Last Name First Name Middle Name

2. Date of Birth (month/day/year)

3. Address where you live in Nevada

Address City State Zip

Is the above address a change of address from your previous voter registration?
YES or NO (please circle one)

4. Address for mailing the absentee ballot if different from #3

Address City State Zip

5. Mark election(s) for which you are requesting an absentee ballot. If you would like ballots for all election in which you are entitled to vote during the year mailed to the same address, circle the "ALL" box.

ALL PRIMARY GENERAL SPECIAL

6. Please Sign & Date

If you have any questions about this form or proof of I.D.; call 847-0969
INTERNET: www.storeycounty.org

FOR OFFICE USE ONLY:
Date Received: _____ **Filing Officer:** _____