

PUBLIC NOTICE

Franklin County Auditor

As County Auditor and Commissioner of Elections, I am encouraging all registered voters to vote absentee due to the COVID-19 pandemic and for the safety of election workers and the public. Fill out the Absentee Request Form printed here in its' entirety. Send to P.O. Box 26, Hampton, IA 50441, or drop off in the Auditor's locked box in the front entry of the courthouse no later than May 22, 2020 by 5 p.m. If your request is received later than May 22, by law we are unable to send you a ballot so you will have to vote curbside at the courthouse or at the one polling place which will be at the Franklin County Convention Center, Fairgrounds in Hampton. Send your request form to P.O. Box 26, Hampton, IA, 50441 and if questions call 641-456-5622. Thank you, Michelle Giddings

STATE OF IOWA OFFICIAL ABSENTEE BALLOT REQUEST FORM		FOR OFFICE USE ONLY
<p>YOUR NAME AND DATE OF BIRTH</p> <p>Last _____ Suffix _____</p> <p>First _____ Middle _____</p> <p>Date of Birth (month, day, year) ____/____/____</p>		
<p>ID NUMBER</p> <p>Iowa Driver's License or Non-Operator ID Number: _____</p> <p>OR _____</p> <p>Complete one</p> <p>Four-digit Voter PIN (can be found on Voter Identification Card): _____</p>	<p style="text-align: right;">Revised October 2019</p> <p>Voters who do not appear in the Iowa Dept. of Transportation's Driver's License or Non-Operator ID files are mailed an Iowa Voter Identification Card at the time of registration. Any voter may request a Voter Identification Card.</p>	
<p>YOUR IOWA RESIDENTIAL ADDRESS</p> <p>Home Street Address (include apt, lot, etc. if applicable) _____</p> <p>City _____ Zip _____ County _____</p> <p><i>You must be registered to vote in the county to receive an absentee ballot. If you are registered to vote in the county, this form will be used to update your voter registration if the information provided on this form is different than the information on your registration record.</i></p>		
<p>WHERE YOUR ABSENTEE BALLOT SHOULD BE MAILED</p> <p>If different than above</p> <p>Mailing Address/P.O. Box _____</p> <p>City _____ State _____ Zip _____</p> <p>Country (other than USA) _____</p>		
<p>CONTACT INFO</p> <p>Important</p> <p>Phone _____ Email _____</p>	<p><input type="checkbox"/> Do not add this contact info to my voter record</p>	
<p>ELECTION DATE OR TYPE Choose only one election.</p> <p>Election Date: ____/____/____</p> <p>OR <input type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> City/School <input type="checkbox"/> Special: _____</p>		
<p>PRIMARY ELECTION ONLY</p> <p>Check one political party <input type="checkbox"/> Democratic <input type="checkbox"/> Republican</p>		
<p>REQUESTER AFFIDAVIT <i>I swear or affirm that I am the person named above and I am a registered voter or I am entitled to register at the address listed on this form. I am eligible to receive and vote an absentee ballot for the election indicated above.</i></p>		
<p>Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.</p> <p>Signature: X _____</p>	<p>Date _____</p>	