



**ABSENTEE BALLOT APPLICATION**

**GENERAL MUNICIPAL MAIL BALLOT ELECTION -**

**APRIL 2, 2019**

**Send the completed application to one of the following locations:**

- a) E-mail to [election@springsgov.com](mailto:election@springsgov.com)
- b) Office of the City Clerk  
30 South Nevada Avenue, Suite 101  
Colorado Springs, CO 80903
- c) Fax to (719) 385-5114

OFFICE USE ONLY	
VOTER ID _____	
PCT/BALLOT ISSUED _____ / _____	
DATE _____	INITIALS _____

If your application is incomplete, you may not receive an absentee ballot. This application shall be filed no later than the close of business March 26, 2019, seven (7) days prior to Election Day.

Date: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, **RESIDE AT**  
(Print full name as registered) (Date of Birth mm/dd/yyyy)

\_\_\_\_\_  
(Residence Address – Apartment No. – Colorado Springs, CO – ZIP Code)

**AND REQUEST MY BALLOT TO BE MAILED TO:** In care of: \_\_\_\_\_

\_\_\_\_\_  
(House Number and Street – Apartment No. – City – State – ZIP Code)

The optional items below will be used in the event we need to contact you regarding this absentee application.

Daytime phone (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

For the election: <input checked="" type="checkbox"/> April 2, 2019 General (Ballots mailed between March 8 and March 18)
---

I hereby certify that I am a qualified and registered elector in the City of Colorado Springs, State of Colorado.

**X** \_\_\_\_\_  
Elector's Signature or Mark

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (\*if required)

\_\_\_\_\_  
Date

\* 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.