

Printed Name of Voter			
Home Address of Voter	СІТУ	STATE	ZIP
() I request to vote in the Electi	on office today		
() I request ballots are mailed t	o me (or to voter I am	agent for) at the fol	lowing address:
Street Address			
City, State, Zip			
() I request to take the ballots v	vith me (or to the voter	I am acting as age	nt for)
Voter's Phone Number ()			
As a registered voter in the State of Ne on Tuesday, November 3, 2020.	braska, I am requesting	ballots for the Gener	al Election to be he
Voter's Signature:	Date		
Agent's Signature:			
(AGENT - IF THIS A	PPLICATION IS REQUESTED BY	OTHER THAN THE VOTER	
No person shall act as agent for more	e than two registered v	oters in any election	n.
EARL	Y VOTER DEADLIN	ES	
REQUEST BY MAIL			
REQUEST IN PERSON REQUEST BY AGENT			
Ν	Mail or Fax Request to:		
	INGTON COUNTY CLER LFAX STREET - P.O. BOX BLAIR, NE 68008		
Fax: (402) 426-6825; Also may be signe Ballots must be in the Election C he penalty for election falsification is impri- both.	d, scanned, and e-mailed <i>Office by 8:00 pm on</i>	Tuesday, Novem	ber 3, 2020
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OR OFFICE USE ONLY: Application	Number:		

Staff Initials

Precinct: _____