health care facility ballot request

KingCounty Elections

1 Voter, please provide the following information.

Registration Number (if known)
Registered Name
Residential Address
City Zip
Date of Birth
Phone No.
E-mail Address

office use only

2 This request is for:

☐ Specify election (one only)

_____/_____/_____

☐ voters' pamphlet

HEALT

3 Voter affidavit

I hereby authorize the following individual/messanger:

Messanger's Name:

to pick up my ballot and deliver to me at the following health care facility:

Name of Health Care Facility		
Address		
City	State	Zip

4 Oath

By signing this ballot request form, I hereby asert, under penalty of perjury that I am legally eligible to vote. If I am found to have voted illegally, I may be prosectued and/or fined for this illegal act. In addition, I hereby acknowledge that my name and last know address will be fowarded to the approriate state and/or federal authorities if I am found to have voted illegaly. (RCW 29A.08.210) I declare that the facts on this hospital ballot request form are true; I am a citizen of the U.S.; I am not presently denied the right to vote as a result of being convicted of a felony; I have lived in Washington state at this address for 30 days immediately before the next election at which I vote; I will be at least 18 years old when I vote; I am a resident of a health care facility and cannot vote a regular absentee ballot.

Signature:	Date:

5 Return upon completion by one of the options below.

mail: 919 SW Grady Way
Renton, WA 98057

fax: 206-296-0108

e-mail: voter.services@kingcounty.gov

依按聯邦法律的要求，此資訊有中文版本。如需索取中文版本，請致電(206) 296-1544。