

**APPLICATION FOR ABSENTEE BALLOT FOR THE
REGULAR ELECTION TO BE CONDUCTED ON MAY 5, 2020**

Applications will be accepted until the close of business on the Tuesday immediately preceding the election (April 28, 2020). Please email to vross@ecparamedics.com or mail to PO Box 990 Edwards, CO 81632

TO: Designated Election Official
Eagle County Health Service_District ("District"):

I, _____, whose birth year is 19____, am registered to vote pursuant to the "Colorado Uniform Election Code of 1992" and I am:

- A resident of the District; or
- The owner (or spouse or civil union partner of owner) of the taxable real or personal property (described below) situated within the boundaries of the District. A person who is obligated to pay taxes under a contract to purchase taxable property within the District shall be considered an owner of taxable property for the purpose of qualifying as an elector.

Physical address or description of property: _____

My residence address is _____, City _____, Zip Code _____, County of _____, State of Colorado. The address for the absentee ballot to be mailed is _____.

I am applying for an absentee ballot for use by me in voting at the regular election to be held on May 5, 2020.

- If this box is checked, I wish to apply for permanent absentee voter status with the District and receive a ballot for every election conducted by the District.

Signature*

Name Printed

Date

**Witnessed By _____

*Application shall be signed personally by the applicant or a family member related by blood, marriage, civil union, or adoption to the applicant.

**In case of applicant's inability to sign his/her name, the elector's mark shall be witnessed by another person.

IMPORTANT

In order for your ballot to be counted it must be received by the Designated Election Official or an Election Judge by 7:00 p.m. on the day of the election.