TREDYFFRIN TOWNSHIP DEMOCRATS

The Primary Election Is On May 21th. Can't get to the polls? No Problem. You Can Vote By Absentee Ballot. Here's How…

Any registered voter who is away at school, out of their voting precinct, or physically unable to vote in person, can vote by Absentee Ballot.

1. Use the enclosed application to request your Absentee Ballot (or http://pa-chestercounty.civicplus.com/DocumentCenter/View/3061). (Please note: This is a <u>two step process</u>. First, you must apply for the ballot, then, after it is received you must send it back - see #3 below.)

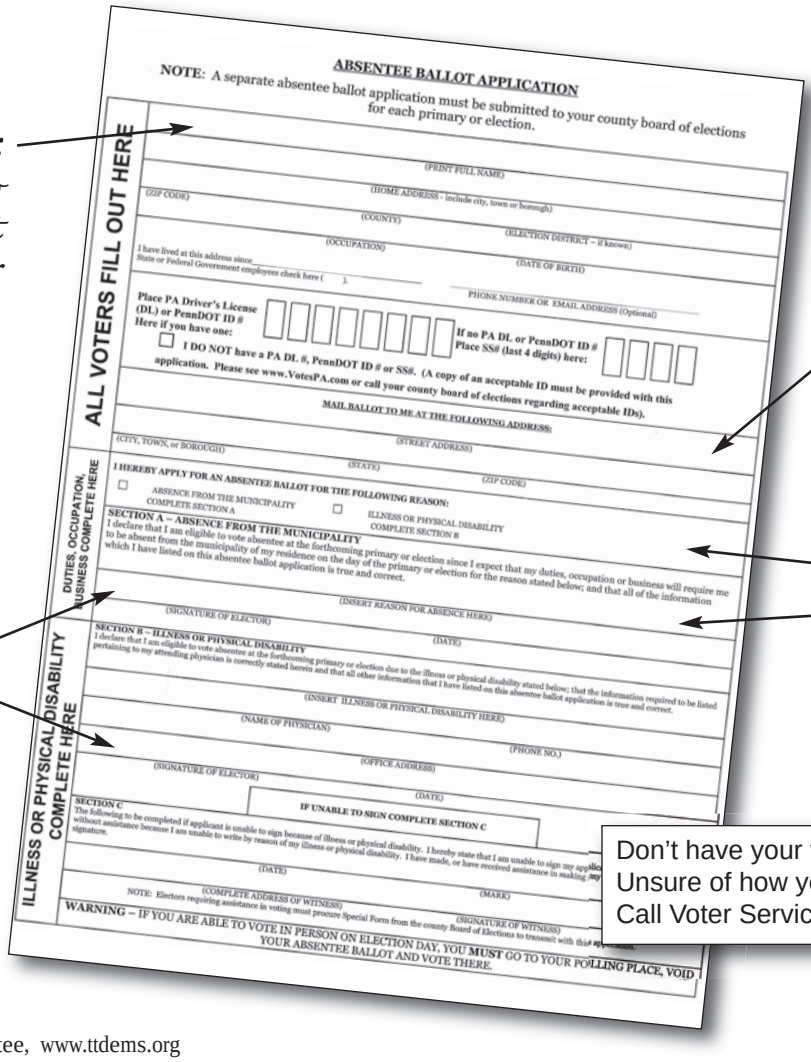
2. Send your application ASAP to:

   Chester County Voter Services
   601 Westtown Road, Suite 150
   PO Box 2747
   West Chester, PA 19380-0990

   (Deadline to apply is Tuesday, May 14th - but that may not give you enough time to return your actual ballot before its deadline of Friday, May 17th.)

3. Voter Services will mail you your ballot shortly before the election. When you receive your ballot in the mail, look it over carefully, cast your votes, sign your registered name and then IMMEDIATELY mail it back to Voter Services so they receive it long before the deadline of Friday, May 17th by 5pm. (Please note that POSTMARKS DO NOT APPLY. If hand delivering, ONLY the ACTUAL VOTER may deliver the ballot!)

4. You must supply your PA Driver's License # OR PennDot issued photo ID #. If you do not have either of those, you must supply the last 4 digits of your Social Security number. If you do NOT have any of these types of ID, please check the box entitled "I DO NOT have a PA DL#, PennDOT ID#. or SS#" -- you still need to enclose a photocopy of an acceptable ID. Your voter registration card will suffice. For assistance getting proper ID call 610-692-5811.



ABSENTEE BALLOT APPLICATION

NOTE: A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

ALL VOTERS FILL OUT HERE

(PRINT FULL NAME)

(HOME ADDRESS - include city, town or borough)

(ZIP CODE) (COUNTY) (ELECTION DISTRICT – if known)

(OCCUPATION) (DATE OF BIRTH)

I have lived at this address since_____ State or Federal Government employees check here ( ).

PHONE NUMBER OR EMAIL ADDRESS (Optional)

Place PA Driver's License (DL) or PennDOT ID # Here if you have one:

If no PA DL or PennDOT ID # Place SS# (last 4 digits) here:

☐ I DO NOT have a PA DL #, PennDOT ID # or SS#. (A copy of an acceptable ID must be provided with this application. Please see www.VotesPA.com or call your county board of elections regarding acceptable IDs).

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS:

(STREET ADDRESS)

(CITY, TOWN, or BOROUGH) (STATE) (ZIP CODE)

DUTIES, OCCUPATION, BUSINESS COMPLETE HERE

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON:

☐ ABSENCE FROM THE MUNICIPALITY COMPLETE SECTION A

☐ ILLNESS OR PHYSICAL DISABILITY COMPLETE SECTION B

SECTION A – ABSENCE FROM THE MUNICIPALITY

I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect that my duties, occupation or business will require me to be absent from the municipality of my residence on the day of the primary or election for the reason stated below; and that all of the information which I have listed on this absentee ballot application is true and correct.

(INSERT REASON FOR ABSENCE HERE)

(SIGNATURE OF ELECTOR) (DATE)

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE

SECTION B – ILLNESS OR PHYSICAL DISABILITY

I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my attending physician is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.

(INSERT ILLNESS OR PHYSICAL DISABILITY HERE)

(NAME OF PHYSICIAN) (PHONE NO.)

(OFFICE ADDRESS)

(SIGNATURE OF ELECTOR) (DATE)

IF UNABLE TO SIGN COMPLETE SECTION C

SECTION C

The following to be completed if applicant is unable to sign because of illness or physical disability. I hereby state that I am unable to sign my application without assistance because I am unable to write by reason of my illness or physical disability. I have made, or have received assistance in making my signature.

(DATE) (MARK)

(COMPLETE ADDRESS OF WITNESS) (SIGNATURE OF WITNESS)

NOTE: Electors requiring assistance in voting must procure Special Form from the county Board of Elections to transmit with this application.

WARNING – IF YOU ARE ABLE TO VOTE IN PERSON ON ELECTION DAY, YOU MUST GO TO YOUR POLLING PLACE, VOID YOUR ABSENTEE BALLOT AND VOTE THERE.

PLEASE NOTE: your name needs to be exactly as it appears on your voter registration card.

Fill in the address where you want your ballot mailed (students - use your school address).

Check & explain why you will be absent

Sign in the appropriate spot. Signature must match your voter registration card.

Don't have your voter registration card? Unsure of how your name appears? Call Voter Services at 610-344-6410.

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(PRINT FULL NAME)

(HOME ADDRESS - include city, town or borough)

(ZIP CODE) (COUNTY) (ELECTION DISTRICT – if known)

(OCCUPATION) (DATE OF BIRTH)

I have lived at this address since_____

State or Federal Government employees check here ( ).

PHONE NUMBER OR EMAIL ADDRESS (Optional)

Place PA Driver's License (DL) or PennDOT ID # Here if you have one: ☐☐☐☐☐☐☐☐

If no PA DL or PennDOT ID # Place SS# (last 4 digits) here: ☐☐☐☐

☐ **I DO NOT have a PA DL #, PennDOT ID # or SS#. (A copy of an acceptable ID must be provided with this application. Please see www.VotesPA.com or call your county board of elections regarding acceptable IDs).**

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COMPLETE SECTION A

☐ ILLNESS OR PHYSICAL DISABILITY
COMPLETE SECTION B

SECTION A – ABSENCE FROM THE MUNICIPALITY

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(INSERT REASON FOR ABSENCE HERE)

(SIGNATURE OF ELECTOR) (DATE)

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE

SECTION B – ILLNESS OR PHYSICAL DISABILITY

I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my attending physician is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.

(INSERT ILLNESS OR PHYSICAL DISABILITY HERE)

(NAME OF PHYSICIAN) (PHONE NO.)

(OFFICE ADDRESS)

(SIGNATURE OF ELECTOR) (DATE)

IF UNABLE TO SIGN COMPLETE SECTION C

SECTION C

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(DATE) (MARK)

(COMPLETE ADDRESS OF WITNESS) (SIGNATURE OF WITNESS)

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