			17.00 Sec. 21.00 Sec. 22.00 Sec. 20.00			
	STATE OF IOWA OFFICIAL VOTER R	EGISTRATION FORM	Revised 4/9/2014			
	e not qualified to vote if you have been cor	•				
restoration	on of voting rights. You may apply to the Go	vernor to restore your vo	ting rights.			
Qualifications	 Are you a citizen of the United St Will you be 18 years of age on or 	<u>=</u>	Yes No			
lívy	ou answered "No" to either of these question	ons, do not complete this	form.			
ID Number Provide your lowa	☐ IA driver's license #:					
driver's license, non- operator ID number, or the last 4 digits of your Social Security number if you have one.	☐ IA non-operator ID #:					
	☐ Last 4 digits of Social Security number	: XXX – XX –				
	I do not have an IA driver's license, no	on-operator ID, or Social S	ecurity number.			
Additional	Date of Birth (month, day, year) /	/	1			
Information	Gender Male Female					
Date of birth and gender are required.	Phone and/or Email (optional)					
40-5-00-5-00-5-00-5-00-5-00-5-00-5-00-5	Last					
Your Name	First					
	Middle	Suffix				
Address	Street Address					
Where You	(include apt., lot, etc.)					
Live	City Z If homeless or you do not have an establis	ip County shed residence, describe v	vhere vou reside:			
Where You Receive Mail	Address/P.O. Box					
(if different)	City	State Zip	and by the south an analysis south a state of the south and a south an analysis south a state of the south as a south as a south as a south as a south a south a south as a south a south a south as a south a			
Previous	Your name was					
Voter Registration	Your address was					
Information	Your city and state were	Your z	ip was			
Political	Political Parties: No Party	☐ Democratic	Republican			
Affiliation (check only one)	Non-Party Political Organizations:	☐ Green	Libertarian			
WARNING	Registra	nt Affidavit				
If you sign this form and you	I swear or affirm under penalty of perjury t	that:				
know the	I am the person named above.					
information is	I am a citizen of the United States.I have not been convicted of a felor	ny (or I have received a rost	toration of righte)			
not true, you	 I am at least 17 ½ years old. 	is for these received a les	torution of rights).			
may be	 I live at the address listed above. I am not currently judged by a court to be "incompetent to vote." 					
convicted of perjury and						
fined up to	I do not claim the right to vote anywhere else.					
\$7,500 and/or						
jailed for up to 5 years.	Signature	Date				
a yedib.	; Jigiiatute	Date				

	<u>.</u>			WHEN SHOULD SHOU	000	
		(BOP(DWAY(O)	FFICIAL ABSENTEE BAI		AVI);	FOR OFFICE USE ONLY
Your Name and	Last		A. :-	Suffix		
DATE OF BIRTH	First		Mid			
			///			Revised October 2019
ID NUMBER	lowa Driver's License	or Non-Operate	or ID Number:			Voters who do not appear in the lowa Dept. of Transportation's Driver's License or
Complete one		Ican he found or	n Voter Identification Card	n		Non-Operator ID files are mailed an lowa Voter Identification Card at the time of registration.
				J		Any voter may request a Voter Identification Card
Your lowA	Home Street Address	(include apt, lot, etc.	if applicable)			
RESIDENTIAL ADDRESS	City	in the	to an absor	Zìp ztee hallat If you are r	- t	County
Audress			county to receive an absen ion provided on this form i			e in the county, this form will be used to update or registration record.
WHERE YOUR	Mailing Address/F					
Absentee Ballot	City	'.U. UU.	Stat			-
SHOULD BE MAILED If different than above			Stat	:e		Zip
CONTACT INFO	Country (other th	an USA)				Do not add this contact
Important ELECTION DATE OR	Phone	-	Em	ail		Info to my voter record
TYPE Choose only one	Election Date: OR	/ General	/	, City/Schaol	Special:	
election. PRIMARY ELECTION			2002	harman .	Пэресии.	
ONLY	Check one politi	ical party	Democratic	Republican		
REQUESTER AFFIDAY	VIT I swear or affiri	m that I am the		_		ed to register at the address listed on this form.
`		-	" "'' to receive and v		Af for the ⊷	n indicated above.
Powers of attorney do not have legal authority to request an absentee ballot		-	m eligible to receive and v	vote an absentee ball.	or you the electio	
Powers of attorney do not have legal authority to	Signature: X	-	m eligible to receive and \	vote an absentee ball	or you the creeke	Date
Powers of attorney do not have legal authority to request an absentee ballot	Signature: X	-	m eligible to receive and v	vote an absentee ball	With the Literature	Date
Powers of attorney do not have legal authority to request an absentee ballot		1 ar	m eligible to receive and v		the particular and the second sec	Date FOR OFFICE USE ONLY
Powers of attorney do not have legal authority to request an absentee ballot		1 ar			the particular and the second sec	
Powers of attorney do not have legal authority to request an absentee ballot on behalf of another. YOUR NAME AND	Stati	1 ar		LOT REQUEST FOR Suffix	the particular and the second sec	
Powers of attorney do not have legal authority to request an absentee ballot on behalf of another.	STATE Last First	l ar	FFICIAL ABSENTEE BAL	LOT REQUEST FOR Suffix	the particular and the second sec	FOR OFFICE USE ONLY
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Iowa Auditors Addresses

Scott County Auditor
Attn. Absentee Request Form
600 W.4th Street
Davenport IA 52801-1030

Clinton County Auditor
Po Box 2957
Clinton IA 52733-2957

Muscatine County Auditor
414 E. Third Street
Suite 201
Muscatine IA 52761

Jackson County Auditor 201 W. Platt Street Maquoketa IA 52060

Cedar County Auditor 400 Cedar Street Tipton IA 52772