for Election on/ 2 (ABS-TRAVELING BOARD) for Election on/ 2 (ABS-TRAVELING BOARD) for Election on/ 2 (ABS-TRAVELING BOARD) for the formation formation formation for the formation form	
TON LANA ELECTION DIVISION (IC 3-11-42; 3-11-42; 3-11-10-25) Viet www.indianaVoters.IN.gov for county contact information 302 West Washington Street, Room E-204, Indianapolis, IN 46204 office: (317) 232-3939 fax: (317) 233-6793 email: elections@idec.IN.gov INSTRUCTIONS FOR VOTER: If you need assistance completing an absentee ballet, you will use this application to vote your absentee ballot before a bigrafian traveling band. Providing aphone number or email address in box 1: is not required when submitting a paper application. However, county election officials must be able to contact you to schedule an appointment. Some voters who have registered for the first time in holiana, and did so by mail, are required to provide additional residency documents. The county election baar can tell you if this requirement applies to you. The voter (or a person designated by a voter with disabilities who is unable to sign) must SIGN the application below. If you are applying as the voter's atomey in fact, a copy of the power of atomey must be attached to this application. This form must be received by noon the day before election day and may be hand delivered, mailed, e-mailed, or faxed. INFORMATION OF ABSENTEE BALLOT APPLICANT Name (please pint) Former Name Registration Address (number and stret: no PO Boxes) City/Town State ZIP Code Please have the traveling board visit me at the following address: (number and stret: clyntow, state, and ZIP code) det or obiging a continue denome of a private residence; OR or a continue derson at a private residence; OR or a continue derson at a private residence; OR or a continue derson at a private residence; OR or a continue derson at a private residence; OX Contex in the state's private residence; OX or and the or of the sam theore with you vore registration record. Notice to the state's private residence; OX contex in the or of the sam theore with you vore registrati	
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I swear or affirm under the penalties of perjury that all information set forth on this application is true to the best of my knowledge and belief. Perjury is punishable by imprisonment for up to 2½ years, a fine of up to \$10,000, or both. I understand the information provided in section 2 is confidential. I am authorizing changes to my voter registration record if my name has changed in section 1 or to add a voter ID number provided in section 2.	
SIGNATURE OF VOTER > (or person designated to sign by a voter with disabilities who is unable to sign, please print voter's name and complete affidavit in section 7)	
If you receive this completed application from the voter, you must file it with the county election board or Indiana Election Division not later than noon, 10 days after receiving it OR the absentee deadline, whichever comes first.	
5. AFFIDAVIT OF ASSISTANCE TO BE COMPLETED BY INDIVIDUAL ASSISTING ABSENTEE BALLOT APPLICANT	
Name Date Assistance Provided Telephone Number (day) Telephone Number (night)	
Registration Address (number, street, city, state, and ZIP code) Mailing Address (number and street, or PO Box number, city, state, and ZIP code)	
I swear <i>or affirm</i> under penalties of perjury that I am not the employer of this voter, an officer of the voter's union, or an agent of the employer or union of this voter and have no knowledge or reason to believe that the individual submitting the application: (1) is ineligible to vote or to cast an absentee ballot: or (2) did not properly complete and sion the application.	
an absentee ballot; or (2) did not properly complete and sign the application. X FOR OFFICE USE ONLY Date Received Approved? Yes Additional Residency Documentation Required? Yes No	