

Para recibir esta información o la Solicitud de Voto por Correo en Español, comuníquese con:

Để nhận được thông tin này hoặc Đơn Xin Bầu Cử Bằng Thư bằng Tiếng Việt, xin liên lạc:

要接收此信息或中英文的郵遞投票申請表格, 請聯繫:

Questions? Contact vbm@harrisvotes.com or call 713-755-6965

To receive critical election updates, sign up at: www.harrisvotes.com/text

HARRIS COUNTY ELECTIONS ADMINISTRATOR'S OFFICE

Please print out this application, affix a stamp, and mail to:

Clifford Tatum ★ Harris County Elections Administrator ★ P.O. Box 1148 ★ Houston, TX 77251-1148

HARRIS COUNTY APPLICATION FOR MAIL-IN BALLOT

Do You Qualify?

If you properly apply to vote by mail under any categories of eligibility, the Harris County Elections Office must send you a mail ballot.

You are eligible to vote by mail if:

1. You are age 65 or older by Election Day.
2. You will be outside of Harris County for all of the Early Voting period and on Election Day.
3. You are confined in jail or Involuntary Civil Commitment but otherwise eligible to vote.
4. You have a disability. Under Texas law, you qualify for a ballot by mail if you have a sickness or physical condition that prevents you from appearing at the polling place on Election Day without a likelihood of needing personal assistance or of injuring your health.
5. You are pregnant and expecting to give birth within three weeks before or after Election Day.

Print Your Name

Please print your name exactly as you registered to vote.

You must provide either your Texas identification number or the last 4 digits of your SSN

1

Last Name

First Name

Middle Name or Initial

Jr Sr II III IV (Circle if applicable)

You MUST provide one of the following numbers.

Texas Driver's License No. or Texas Personal I.D. No. (Issued by the Department of Public Safety) or Election Identification Certificate Number

If no Texas Driver's License or Personal Identification, give last 4 digits of your Social Security Number XXX-XX-

I have not been issued a Texas Driver's License/Personal Identification Number or Social Security Number.

About You

Providing this information is helpful to the Early Voting Clerk, but not required.

2

Birth Date Phone Email

VOID # Pct #

Print Your Address

Please print your address exactly as you registered to vote and select ballot language.

3

Address Apt. Number City

State Zip

Ballot Language English/Español English/Tiếng Việt English/中文

Where to Mail Ballot?

Please print your alternative address and select the reason for alternative address.

4

Same as above Address or P.O. Box

City State Zip

Address on Voter Registration Certificate Hospital or Long Term Care Facility Retirement Center Correctional or Involuntary Civil Commitment Facility Address of Relative Out of County Address

★relationship to voter

Which Election? Which Party?

5

Annual Application Send me a ballot for all Elections in this voting year (January – December)

January 25th Special Election and Runoff

March 1st Democratic Primary and Runoff

March 1st Republican Primary and Runoff

May 7th Uniform Election and Runoff

November 8th Uniform Election and Runoff

Annual Applications only available for voters 65 and older and voters with disabilities. You must select a party to vote in a primary. Select only one party's primary and its resulting runoff.

Why Are You Applying to Vote by Mail?

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Age 65 or older

Have a Disability. By checking this box, "I affirm that I have a sickness or physical condition that prevents me from appearing at the polling place on Election Day without a likelihood of needing personal assistance or of injuring my health."

Expected to give birth within three weeks before or after Election Day

Incarcerated or Involuntary Civil Commitment, but eligible to vote

Outside the county during early voting and on Election Day (___/___/___) Date you can begin to receive mail. (___/___/___) Date of return to residence address.

Declaration

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I certify that the information given on this application is true, and I understand that giving false information on this application is a crime. Date: Signature:

If applicant is unable to sign or make a mark in the presence of a witness the witness **must** complete box 8 of this application.

Help with this form

Check one or both boxes if you served as a Witness, an Assistant or both. All information in this section **must** be completed.

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If the applicant is unable to make a mark, you must check this box and complete all information below.

Witness- If you are acting as a Witness to the applicant's mark, or signing on the applicant's behalf, you must state your relationship to the applicant here.

Assistant- If you assisted the applicant in completing this application in the applicant's presence or mailed/emailed/or faxed the application on behalf of the applicant.

Signature of Witness/Assistant Street Address Apt. Number

Printed name of Witness/Assistant City State Zip Code

How to Return

Return this application by mail or drop off in person at any Harris County Elections branch location.

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Visit harrisvotes.com for branch location details. **Common or contract carrier:** The application may be submitted via a bona fide, for profit carrier. **Fax or Email Transmission:** This application can be faxed to Harris County Elections at 713. 755.4983 or emailed to VBM@harrisvotes.com ***IF YOU FAX OR EMAIL THIS APPLICATION, YOU MUST ALSO PHYSICALLY SEND THE ORIGINAL TO THE EARLY VOTING CLERK SO THAT IT IS RECEIVED NO LATER THAN THE FOURTH BUSINESS DAY AFTER IT WAS RECEIVED BY FAX OR EMAIL.**