

**ADDITIONAL REMINDERS FOR COMPLETING
THE "APPLICATION FOR ABSENTEE BALLOT"
(TO VOTE BY MAIL FOR NOVEMBER 2015 GAINESVILLE CITY ELECTION)**

1. Print very clearly! Use a dark (black or blue) pen. Don't overlap your letters. Clarity is extremely important!
2. Don't forget to enter your correct Georgia Driver's License!
3. You must enter your **"Name As Registered"** and your **"Address As Registered"** exactly as they appear in your voter record. To view your voter record, visit "Georgia My Voter Page" (www.mvp.sos.ga.gov). You will need your first initial, last name, date of birth and county of registration to access your record. On your absentee ballot applications, if your name or address are even slightly different from how they appear in your official voter record, your absentee ballot applications may be delayed pending investigation by the elections office.
4. If someone helps a disabled or illiterate voter complete the application for absentee ballot, then when the voter completes his/her absentee ballot it is encouraged that the same helper should also provide assistance to the voter. Otherwise, if the name and signature of the second helper are different from the name and signature of the first helper, the voter's ballot may be delayed pending investigation by the elections office.
5. This packet has 2 pages for the application form: Page 1 is for the **"Tuesday, November 3rd, 2015 Gainesville City Council Non-Partisan Election"** and Page 2 is for the **"Tuesday, December 1st, 2015 Runoff Election for Gainesville City Council."** Please complete, sign, and submit both of these 2 pages! This is because most voters are required to submit separate absentee ballot applications for every election (including a separate application to vote by mail for a runoff election). Exceptions include disabled persons, the elderly (age 65 or older), and certain US Citizens residing overseas. So if you want to vote by mail in the November Election **and also** the December Runoff Election, you should submit both Page 1 **and** Page 2.
6. If you are registered to vote but you have never voted before, there is a possibility the Hall County Elections Office might need to receive from you a copy of your Georgia Driver's License for your vote to count. You may call them (770-531-6945) to ask if they need any additional documentation (such as a copy of your driver's license).

I understand that the offer or acceptance of money, gifts, or any other object of value for the purpose of voting or voting for any particular candidate, list of candidates, issue, or list of issues in this election constitutes an act of voter fraud and is a felony under Georgia law. *OCGA 21-2-384(c); 21-2-570 [GEORGIA LAW]*

SPECIAL NOTE REGARDING ASSISTING VOTERS:

ALL ELECTIONS: If the applicant is unable to fill out or sign his or her own absentee ballot application because of illiteracy or physical disability, the applicant shall make his or her mark, and the person filling in the rest of the absentee ballot application must sign below the voter's name as a witness. *OCGA 21-2-381(a)(1)(F) [GEORGIA LAW]*

STATE, COUNTY, MUNICIPAL ELECTIONS: A physically disabled or illiterate voter may receive assistance in preparing his or her ballot from one of the following: any voter who is qualified to vote in the same county or municipality as the disabled or illiterate voter; an attendant care provider or a person providing attendant care; or the mother, father, grandparent, aunt, uncle, brother, sister, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the disabled or illiterate voter. The person rendering assistance to the voter in preparing the ballot must sign the oath printed on the same envelope as the oath to be signed by the voter. If the disabled or illiterate voter is staying outside his or her own county or municipality, a notary public of the jurisdiction may give such assistance and shall sign the oath printed on the same envelope as the oath to be signed by the voter. No person shall assist more than ten such voters in any primary, election, or runoff in which there is no federal candidate on the ballot. *OCGA 21-2-385(b) [GEORGIA LAW]*

- Note: A Runoff Election will be held on December 1, 2015, if there is a race where no candidate received a majority of the votes cast in the November 3rd election. The purpose of the runoff election will be to decide who won the November election. You should check the news for the results of the November 3, 2015, election results (next day) to see if a runoff will be held Dec. 1, 2015. If one is scheduled and you submitted Page 2 of this packet, then you will automatically receive the runoff ballot by mail, too.
- If you do not request an absentee ballot application for the December Runoff Election, you may still vote in that election during the 3 weeks of "early voting" (at the Hall County Elections office, weekdays in November starting November 9th) or on December 1 at your assigned voting location (known as your "precinct".)

GAINESVILLE CITY _____ COUNTY or MUNICIPALITY

★ Georgia Driver's License Number: _____

APPLICATION FOR OFFICIAL ABSENTEE BALLOT

PLEASE PRINT (FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)

Date of Primary, **Election** or Runoff: Tuesday, November 3rd, 2015 Gainesville City Council Non-Partisan Election

★ APPLICATION DATE ____/____/____	★ DATE OF BIRTH ____/____/____	★ DAYTIME CONTACT NUMBER (optional) (____) ____-____	EMAIL ADDRESS(required for UOCAVA Voter requesting electronic transmission) _____ _____
★ NAME AS REGISTERED LAST FIRST MIDDLE			
★ ADDRESS AS REGISTERED STREET # CITY ZIP CODE			

Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

# STREET	CITY	STATE	ZIP CODE
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Note: You must file a separate application for each election for which you are requesting an absentee ballot (*see exceptions below for voters over the age of 65, disabled, or military or overseas citizens). You may file your application up to 180 days prior to the Date of the Election.

* EXCEPTIONS:

If you meet the following criteria, you may choose to complete one application and receive a ballot for the General Primary, General Primary Runoff (if any), General Election, and General Election Runoff (if any) by checking one of the following boxes:

- E - Elderly - I am 65 years of age or older.
- D - Disabled - I have a physical disability.
- U - UOCAVA Voter - Member of armed forces or Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas. My current status is (**please mark one**):
 - MOS - Military Overseas
 - MST - Military Stateside
 - OST - Overseas Temporary Resident
 - OSP - Overseas Permanent Resident (federal offices only)

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission .

➔ **SIGNATURE OR MARK* OF VOTER - REQUIRED** _____ *Signature of person preparing application if voter is disabled or illiterate - **REQUIRED**

You may apply on behalf of another person only in the following circumstances: In the case of a voter residing temporarily out of the county or a physically disabled voter residing within the county, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 or over upon completing the following oath: I, the undersigned do swear (or affirm) that the above-named voter is (check one): residing temporarily out of the county or is a physically disabled voter residing within the county and that the facts included in this application are true.

➔ **SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED** _____

OFFICE USE ONLY

Voter Registration # _____
 DIST. COMBO _____ PRECINCT _____
 APPLICATION RECEIVED DATE _____
 BALLOT # _____ ISS. DATE _____
 CERTIFIED DATE _____ REJECTION DATE _____
 ID SHOWN: GADL OTHER _____

I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER _____ PACKET PREPARED BY: _____
 IS ELIGIBLE
 IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT PACKET REVIEWED BY: _____
 REASON FOR REJECTION: _____

Ballot to be: Mailed Electronically Transmitted
 Delivered to voter in hospital by Registrar/Deputy Registrar
 Voted in office (Municipal Only)

Registrar Signature _____

GAINESVILLE CITY COUNTY or MUNICIPALITY

★ Georgia Driver's License Number:

**APPLICATION FOR OFFICIAL ABSENTEE BALLOT
IN ANTICIPATION OF POSSIBLE RUNOFF**

PLEASE PRINT (FAILURE TO FILL OUT THE FORM COMPLETELY COULD DELAY YOUR APPLICATION)

Date of ~~Primary, Election, or Runoff~~: Tuesday, December 1st, 2015 Runoff Election for Gainesville City Council (Non-Partisan Election) held if there is a race where no candidate received a majority of the votes cast in the November 3rd election. Check the news for Nov. 3rd election results (next day) to see if a runoff will be held Dec. 1st!

★ APPLICATION DATE ____/____/____	★ DATE OF BIRTH ____/____/____	★ DAYTIME CONTACT NUMBER (optional) (____) ____-____	EMAIL ADDRESS(required for UOCAVA Voter requesting electronic transmission) _____ _____
★ NAME AS REGISTERED LAST FIRST MIDDLE			
★ ADDRESS AS REGISTERED STREET # CITY ZIP CODE			

Mail the ballot to my temporary out-of-county address: (or alternate address for physically disabled voter).

# STREET	CITY	STATE	ZIP CODE
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Note: You must file a separate application for each election for which you are requesting an absentee ballot (*see exceptions below for voters over the age of 65, disabled, or military or overseas citizens). You may file your application up to 180 days prior to the Date of the Election.

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- E - Elderly - I am 65 years of age or older.
- D - Disabled - I have a physical disability.
- U - UOCAVA Voter - Member of armed forces or Merchant Marines of the United States, commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration, spouse or dependent residing with or accompanying said member, or a United States citizen residing overseas. My current status is (**please mark one**):
 - MOS - Military Overseas
 - MST - Military Stateside
 - OST - Overseas Temporary Resident
 - OSP - Overseas Permanent Resident (federal offices only)

For UOCAVA Voters Only - I would like to receive my absentee ballots by electronic transmission .

➔ **SIGNATURE OR MARK* OF VOTER - REQUIRED** *Signature of person preparing application if voter is disabled or illiterate - **REQUIRED**

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➔ **SIGNATURE AND RELATIONSHIP OF RELATIVE REQUESTING BALLOT - REQUIRED**

OFFICE USE ONLY

Voter Registration # _____	I HEREBY CERTIFY THAT THE ABOVE NAMED VOTER	PACKET PREPARED BY: _____
DIST. COMBO _____ PRECINCT _____	<input type="checkbox"/> IS ELIGIBLE	
APPLICATION RECEIVED DATE _____	<input type="checkbox"/> IS NOT ELIGIBLE TO RECEIVE AN ABSENTEE BALLOT	PACKET REVIEWED BY: _____
BALLOT # _____ ISS. DATE _____		
CERTIFIED DATE _____ REJECTION DATE _____		
ID SHOWN: GADL <input type="checkbox"/> OTHER _____	REASON FOR REJECTION: _____	

Ballot to be: Mailed Electronically Transmitted
 Delivered to voter in hospital by Registrar/Deputy Registrar
 Voted in office (Municipal Only)

Registrar Signature _____