Wyandotte County Election Office

Application for Advance Voting Ballot

Form AV1

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Affirmation of an Elector of the County of Wyandotte, and State of Kansas Desiring to Vote an

	Advance Voting Ballot					
2	Voter Identification Requirements You must provide with this application a Kacard number to receive a ballot.	ansas drive	r's licens	e number or Ka	nsas nond	river's identification
	Current Kansas driver's license (or Kansa	s ID) numbe	r			
	If you do not have either number, you must photo, of a current state driver's license, s U.S. passport, a government employee II postsecondary educational institution in K state, or federal government office or ager	state identifi D or badge Kansas, a pu	cation ca , U.S. mil ıblic assi:	rd, state conce litary ID, stude stance ID card	aled carry nt ID issue issued by	of handgun license ed by an accredited a municipal, county
3	Personal Information					
	Last Name F	irst Name			Middle Name	e
	Date of Birth day year	Phone	Number			
	Residence Address	City			State	Zip
	O Democratic O Republican O Complete only when requesting prima O Republican O Republican O Complete only when requesting prima	ary election ba ties choose the		tes by caucus)		
ļ.	Mailing Address (if different from residence	ce address)				
	Mailing Address Note: The ballot may be mailed only to the voter's residential or mate to a medical care facility where the voter resides. These restrictions of					
5	Voter Signature ! False statement	t on this affirr	nation is a	severity level 9,	nonperson	felony.
	I do solemnly affirm under penalty of pe above, or I am authorized to sign for the a signing the application. I am entitled to otherwise vote at the election to be held or	above name vo <mark>te an a</mark> dv	ed voter v	vho has a disab	ility preve	nting the voter from
	other wise vote at the election to be need of	month	day	year	•	
	Sign in box			Date	onth day	year
	Send Application to: Wyandotte County Election Office	ice, 850 State	Avenue, Po	st Office Box 17176	67, Kansas Ci	ty, KS 66117

Phone (913) 573-8500 FAX (913) 573-8580

Any person or group engaged in the distribution of advance voting ballot applications shall mail, fax or otherwise deliver any application signed by a voter to the county election office within 2 days after such application is signed by the applicant.

FOR OFFICE USE ONLY Voter #	Status _	Ward/Precinct	-	School District	
Voter ID/Signature Verified by		Ballot Mailed	lı lı	nitials	

NOTICE:	
Do not use this application if you are not registered to vote!	
Only registered voters are eligible to vote by advance ballot.	
If you submitted an application for voter registration before the voter registration deadline, you may to vote at your polling place. You will receive a voter registration card in the mail before the election votentify your authorized polling place.	
Fold here	
	Place
	Stamp HERE
Wyandotte County Election Office 850 State Avenue Post Office Box 171767 Kansas City, KS 66117	
Fold here	
VOTER IDENTIFICATION NOTICE:	
Voter must provide a Kansas Driver's License Number or Kansas ID Number on this application.	
If you do not have these numbers, you must provide a copy of one of the acceptable forms of ID listed	•
This application will not be processed unless voter provides required ID with the application.	