

Election Office

Instructions for returning application:

Email: votebymail@jocogov.org | Text: 913-953-9539

Fax: 913-791-8931 | Mail: 2101 E Kansas City Rd, Olathe, KS 66061

Questions? Call 913-715-6800 | www.jocoelection.org

1	Voter's Name Required	Last _____ Middle _____ First _____ Suffix _____
2	Date of Birth Required	Date of birth <i>(do not write today's date here)</i> _____ MM/DD/YYYY
3	ID Requirements Required	Kansas Driver's License or ID Number _____ You must provide either your Kansas driver's license number or nondriver's identification card number. Voters over 65 can provide an expired license number. If you do not have a current Kansas driver's license or nondriver's ID card, you MUST SUBMIT A COPY of a government-issued photo ID , such as a US passport or ID from another state, with this application. For other valid IDs, call the Election Office.
4	Johnson County Address Required	Street Address (no P.O. Box) _____ City _____ State _____ Zip _____
5	Mailing Address ONLY to have your ballot mailed to a different address than the address above.	Mailing Address _____ City _____ State _____ Zip _____ <small>Note: The ballot may be mailed only to the voter's residential or mailing address as indicated on the county voter registration list, to the voter's temporary residential address, or to a medical care facility where the voter resides. These restrictions do not apply to a voter who has an illness, disability or who lacks proficiency in the English language. Ballots cannot be mailed until 20 days before the election.</small>
6	Signature Required <i>Signatures are verified against signature on voter registration record. False statement on this form is a severity level 9, nonperson felony.</i> Sign Here →	I do solemnly affirm under penalty of perjury that I am a qualified elector residing at the address listed above, or I am authorized to sign for the above named voter who has a disability preventing the voter from signing an application. I am entitled to vote an advance voting ballot and I have not voted and will not otherwise vote at the election to be held on _____ (date). <div style="border: 1px solid red; width: 500px; height: 60px; margin: 10px 0; display: flex; align-items: center; justify-content: center;">X</div> Date _____
7	Election Required <i>You must complete a separate application for each election.</i>	(select one) August Primary November General Other _____ (use only for special elections)
8	Unaffiliated Voters Even-year August election only	To request a party ballot during a partisan election, circle one of the following. You will have to sign an affiliation statement on your ballot envelope for your vote to count. <div style="display: flex; justify-content: space-around; text-align: center;">DemocraticRepublicanUnaffiliated</div> <small>All other voters will receive a ballot for the party on their voter registration record as of June 1.</small>
9	Contact information	To assist the election office in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone _____ Email address _____

Ballots cannot be mailed to voters more than 20 days before the election. Completed applications must be received at the Election Office by 5 p.m. central time on the Tuesday prior to the election.

False statement on this affirmation is a severity level 9, non-person felony.

Rev. 05/20/2022