\* REQUIRED Information

If any design to the second se	and an ID many 1.1	the Lead A P. S	U C L L O	and the Minney L	# B . (B) !!		
If you don't have an lowa driver's license or non-operator ID, provide the last 4 digits					* Date of Birth		
1. Valid IA Driver's License or IA Non-Operator ID Number		OR	Last 4 Digits of SSN #		1 1		
		OK			/ / (Month/Day/Year)	FOR OFFICE USE ONLY	
* Name   Last Name			First Name		Middle Name	Cuffin / Cr. Jr. oto.)	
			FIISUNAITIE		ivildale Name	Suffix (Sr., Jr., etc.)	
2.							
* Street Address (include apt., lot, etc., if applicable)							
<b>*</b> o::	0	710		D (1 D)	0.1151 5.11		
* City	State ZIP			Daytime Phone, Cell Phone or Email			
The above address represents my NEW address.				Former Nar	mer Name (if applicable)		
3. The above address represents my NEW address. Please change my voter record accordingly.							
Complete section #4 ONLY if the ballot is to be mailed to an address different than the address in section #2.							
Mailing Address (include apt., lot, etc., if applicable)							
4.							
			I -	1			
City			State	ZIP		Country (other than USA)	
* Data of the Florida OR Name of the Floriday for this Absorbed Dellet Day					Party Affiliation		
* Date of the Election <u>OR</u> Name of the Election for this Absentee Ballot Request							
( Check only	District D		0-11	( <u>for Primary</u>	Elections Only)		
	General Primar		ary School		Democratic	Republican	
, , OINE							
(Month/Day/Year) Box City Spe			Special		NOTE: If your voter registration record shows a political party different from the one you check above, your registration will be changed to the political party you check on this form.		
					your registration will be chang	ged to the political party you check on this form.	
6. * <b>X</b>							
· /							
Signature of Voter					Date		