

If you changed residence since you last voted, you must update your voter registration information at [Alabamavotes.gov](http://Alabamavotes.gov) or with your local Board of Registrars before submitting this application.

# APPLICATION FOR MUNICIPAL ABSENTEE BALLOT

FORM AV-M1  
Date Revised 07/15/2021

Return this application to: **Annette Barnes City Clerk**  
**City of Athens**  
**P.O. Box 1089**  
**Athens AL 35612**

\_\_\_\_\_ COUNTY, ALABAMA

**Please note that only one application may be placed in the same envelope.  
Please note that a copy of your valid photo identification must be submitted along with this application.**

**General Voter Information - Please provide complete information so that we may verify your eligibility to vote.**

Last Name (Please print)		First Name		Middle or Maiden Name	
Street Address (address where you are registered to vote; do not use PO box)			City	State	ZIP
Mail my ballot to the address where I regularly receive mail, if different from the street address provided above					
E-Mail Address					
Date of Birth	Month	Day	Year	Driver's License Number	IF NO DRIVER'S LICENSE NUMBER
Home/Cell Telephone Number ( ) ( )	Work Telephone Number ( ) ( )		STATE	NUMBER	Last 4 digits of Social Security number

**For all registered voters**

**I hereby make application for an absentee ballot so that I may vote in the following election:**

- Municipal Election                       Special Municipal Election (*specify*) \_\_\_\_\_
- Municipal Runoff Election

**■ Absentee ballots for municipal elections more than 42 days apart must be requested on separate applications**

**I am applying for an absentee ballot because (check at least one box):**

- I expect to be out of the county or the state on election day.
- I am physically incapacitated and will not be able to vote in person on election day. **[ID Required]**
- I am physically incapacitated and will not be able to vote in person on election day. I am unable to access my assigned polling place due to a neurological, musculoskeletal, respiratory (including speech organs), cardiovascular, or other life-altering disorder that affects my ability to perform manual tasks, stand for any length of time, walk unassisted, see, hear or speak **and**:
- a) I am an elderly voter aged 65 or older; **or**
- b) I am a voter with a disability.

**[ID Not Required]**

- I expect to work a required workplace shift which has at least 10 hours which coincide with the polling hours at my regular polling place.
- I am a student at an educational institution located outside the county of my permanent residence and am therefore unable to vote at my usual polling place on election day.
- I am a member of, or a spouse or dependent of a member of, the Armed Forces of the United States or am otherwise entitled to vote absentee pursuant to the Uniformed and Overseas Citizens Absentee Voting Act, 52 U.S.C. § 20302. **[ID Not Required]**
- This application for an absentee ballot will be valid for all county, state, and federal elections held during this calendar year unless you specify an earlier expiration date here: \_\_\_\_\_
- I have been appointed as an election officer at a polling place which is not my regular polling place.
- I am a caregiver for a family member to the second degree of kinship by affinity or consanguinity and the family member is confined to his or her home.
- I am currently incarcerated in prison or jail and I have not been convicted of a felony involving moral turpitude. (See back for felonies involving moral turpitude.)

**When I apply for this absentee ballot, I understand that my name will be stricken from the list of qualified electors and, when I cast this absentee ballot, I understand that I will not be entitled to vote at my regular polling place.**

Voter's Signature or Mark	Complete this section if voter signs by mark →	Witness Signature
		Print Witness Name

Only the voter may hand this application to the Absentee Election Manager. The voter may also forward this application to the Absentee Election Manager by U.S. Mail or commercial carrier [§17-11-3 and §17-11-4, Code of Alabama, 1975]. The use of Power of Attorney or any other third-party to sign and/or deliver this application on behalf of the voter is prohibited. Only medical emergency absentee applications may be submitted by a voter's designee.

**READ PENALTIES ON BACK**