REQUEST FOR ACCESSIBLE REMOTE BALLOT

pennsylvania
DEPARTMENT OF STATE

Instructions:

Read the following document carefully. Complete this form to request a remote accessible ballot. In order to apply for an accessible remote ballot, you must have applied for an absentee or mail-in ballot (vote.pa.gov/ApplyMailBallot). To avoid delays in processing your request, please submit your request within 24 hours of applying for your mail-in or absentee ballot.

Complete all the required fields. Required fields are marked with an asterisk. (*)

Enter your name, date of birth, county of residence, address, and identifying information, and sign your name and date where indicated. You may electronically sign your name. Print this completed request form and mail it to your County Board of Elections. The mailing address can be found at vote.pa.gov/county. Or you may alternatively email the completed request form to ra-awib@pa.gov.

Request for Accessible Remote Ballot

By entering and signing my name below I am requesting an accessible remote ballot for the next election.

Declaration

By entering and signing my name below, I declare and affirm that: I am a voter with a disability as defined by the Americans with Disabilities Act; I am eligible to vote at the forthcoming election; I have not already voted in the election; and, all of the information I have provided on this form is true and correct and is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Required fields are marked with an asterisk. (*)

Applicant Information	**1**	*Last name ☐Jr ☐Sr ☐II ☐III ☐IV *First name Middle name or initial *Phone number (###-###-####) *Birthdate (MM/DD/YYYY) *Email Address
Address where registered to vote	**2**	*County *Street Address (Not P.O. Box) Apt. # *City/Town State **PA** *Zip Code
Address where you receive mail	**3**	☐ Same as above Street Address Apt. # City/Town State Zip Code
*Sign your name or mark here	**4**	 Date