

ABSENTEE BALLOT APPLICATION

Pursuant to Idaho Code 33-406, a qualified school elector who will be absent from the district or unable to go to a polling place due to blindness or physical disability may make written application to the school district clerk for an absentee ballot.

I hereby request an Absentee Ballot for the purpose of voting in the school election to be held on _____ (date).

Printed Name

Signature

I hereby certify that I reside at (address) _____
_____ within the Post Falls School District No. 273 and in Trustee Zone _____.

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For office use only:

Proof of Filing

I certify that I have received this application for absentee ballot prior to the day of election.

Date

Time

Signature of Clerk or Designee

Directions:

Print this form for each qualified voter wanting to vote absentee. Complete and mail to:

Janie Anderson, Clerk
Post Falls School District 273
PO Box 40
Post Falls ID 83877-0040

Upon receipt and verification of voter registration, the Clerk of the Board of Trustees will mail an absentee ballot to each applicant. For more information, call Janie Anderson at 773-1658.