

Office Use Only:

Precinct: _____

Date : _____

Entered/Mailed: _____

Request for Wyoming Absentee Ballot (W.S. 22-9-101 – 22-9-105)

LAST NAME:		FIRST NAME:		MIDDLE:	
TETON COUNTY RESIDENTIAL ADDRESS:		CITY:	STATE:	ZIP:	
DATE OF BIRTH:		CONTACT PHONE NUMBER:		ARE YOU CURRENTLY ENROLLED IN THE MILITARY? Y / N	
MAIL MY BALLOT TO:		CITY:	STATE:	ZIP:	
Which Election(s) are you requesting a ballot for? Please circle. 2019 SPET Election			If you would like someone to pick up your ballot and deliver it to you, you MUST fill in this section and designate the individual: I HEREBY GRANT _____ PERMISSION TO PICK UP MY BALLOT FOR ME.		
I hereby state that I am a registered voter and entitled to vote in the election indicated above.					
Voter Signature _____ Date _____					
To receive your Absentee Ballot, please complete this form and return to us. You may either mail it to: TETON COUNTY CLERK, PO BOX 1727, JACKSON, WY 83001 or Email it to: elections@tetoncountywy.gov Please call us at 307.733.4430 should you have any questions or need help completing this form.					