

Office Use Only:

Precinct: _____

Date : _____

Entered/Mailed: _____

2017 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 MILLITARY? Y / N	
MAIL MY BALLOT TO:		CITY:	STATE:	ZIP:	
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 _____					
<p>To receive your Absentee Ballot, this form must be completed and returned to us. You may either mail it to: TETON COUNTY CLERK, PO BOX 1727, JACKSON, WY 83001 or Email it to: elections@tetonwyo.org Please call us at 307.733.4430 should you have any questions or need help completing this form.</p>					