# **UOCAVA Electronic Ballot Application**

For office use only

If you are a Uniformed Service Member, a spouse or dependant of a member, or a U.S. citizen overseas, you may complete and submit the form below to receive your ballot by fax, email, or online delivery. Please mail, fax, or email this form as an attachment to your county clerk and recorder.

County contact information:

### Voter ID Number:

## Your identifying and contact information

Classification: O Tam a member of the Uniformed Service or Merchant Marine on active duty	<sup>25</sup> C I am their spouse or dependant		○ I am a U.S. citizen overseas		
Last name*		First name*		Middle name	
Previous name if you are currently registered to vote with a dif	ferent name	Your birthdate* (MM/DD/YYYY)	Telephone num	ber (include area code)	
Colorado driver's license number Last 4	digits of your t	Social Security No.			
Street address in Colorado (No P.O. Boxes)*	Apt. or Unit	City or Town*	ZIP Code*	Colorado County	
Mailing address*	Apt. or Unit	City or Town*	State*	ZIP Code*	

## **Preferred method of ballot delivery**

Check the box next to your preferred method of ballot delivery. Then complete all required fields marked with an asterisk (\*) in that section.

### Fax

Provide the number we should dial to deliver your ballot* (See example)			Example: (Geneva, Switzerland)					
International Prefix	International Country Code	Local Area/ Province/ City Code	Local Number	International Prefix	International Country Code	Local Area/ Province/ City Code	Local Number	
Email	Primary email*			Backup email (optional)				
Online delivery	Primary email*			Backup email (optional)				
		< will email instructi ptecolorado.com/m		livery. A link to the ballot d	lelivery system will a	also be available at		

#### Sign or mark below

I affirm that I am a Uniformed Service Member, a spouse/dependant of a member, or a U.S. citizen residing overseas and I understand that I voluntarily waive my right to a secret ballot if I return my ballot electronically.



Signature or Mark\*

Date\*

Witness Signature Date (If you are unable to sign, you must make a mark and a witness to the mark must sign here).