APPLICATION FOR ABSENTEE BALLOT
PENNINGTON COUNTY AUDITOR'S OFFICE
315 Saint Joseph St, Ste 107
Rapid City SD 57701

Name:_____
Last **First** **Middle Initial**

You may apply for an absentee ballot for any or all primary, general, or special elections conducted by your county with one request. However, you must make a *separate* request for *municipal elections* and another for *school elections*.

Check the election(s) for which you are requesting an absentee ballot:

☐ Primary (June) ☐ General (November) ☐ ALL this year ☐ Other:_____

I am on active duty military and my home of record is in Pennington County. Yes ☐ No ☐

My voter registration residence address is: _____
(address) (city, state, zip)

*** I hereby verify that I am the person named above and these statements made by me are true and correct.**

⇨ _____
Voter Signature

Sworn to before me this ____ day of _____, 20___.
(seal)
My Commission Expires _____

_____
Signature of Officer Administering Oath

_____
Title of Officer Administering Oath

NOTE: The voter's signature must be witnessed by a notary public or other officer authorized to administer an oath. If the signature is not witnessed, this application must be accompanied by a copy of the voter's valid ID. If absentee voting at the Auditor's Office, you must show a valid ID.
An acceptable ID is:

- A South Dakota driver's license or nondriver ID card
- A passport or other picture ID issued by the United States government
- A tribal photo ID
- A current student photo ID issued by a South Dakota high school or postsecondary education institution

MAIL my ballot to the following address:

_____
_____
_____
_____

EXAMPLES:

MR THOMAS CLARK	PFC SUSAN M SMITH
117 RUSSELL DRIVE	COMPANY A 122 SIG BN
LONDON W1P7HQ	UNIT 20511 BOX 4290
ENGLAND	APO AA 34049-2342

COMPLETE THIS PORTION IF REQUESTING AN AUTHORIZED MESSENGER **TO PICK UP BALLOT**:
(This application must be received in the Auditor's Office before 3:00 p.m. on election day):
I authorize _____ to serve as my authorized messenger to pick up my absentee ballot. I further certify under penalty of law that I am confined because of **sickness or disability** and for this reason alone I am unable to vote at my polling place on Election Day.

_____
Signature of Voter

THE AUTHORIZED MESSENGER MUST COMPLETE THE FOLLOWING:
Name: _____ Phone: _____
Address: _____
Are you serving as an authorized messenger for any other voter? Yes ☐(Inform Auditor if carrying for more than one voter) No ☐
I acknowledge receipt of the ballot for the above-named voter on _____/_____/20__ at ____m.

_____
Signature of authorized messenger

FOR OFFICE USE:
ID _____ Party_____
PRCT_____ LEG_____