

**Clark County, Nevada
Absentee Mail Ballot Request**

1. Name: _____

2. Date of Birth: _____/_____/_____ (M/D/YYYY)

3. Current Residential Address:

(enter street address, city, state and zip code)

4. Current Mailing Address:

(enter street address, city/province, state/country and zip code)

5. Address where you want the absentee ballot to be mailed:

(enter street address, city/province, state/country and zip code)

6. Mark election(s) for which you are requesting an absentee ballot. If you would like ballots for all elections in which you are entitled to vote during the year mailed to the same address, check the "ALL" box.

All Primary General Special

7. Please sign and date:

(handwrite your signature; signature stamps are allowed for physical disabilities)

(print today's date)

DROP OFF IN-PERSON AT:

Clark County Election Center
965 Trade Drive, Suite A
North Las Vegas, NV 89030

OR

Clark County Government Center
500 S Grand Central Pkwy, 1st Floor, Suite 1113
Las Vegas, NV 89155

MAIL TO:

Mail Ballots - Election Dept
P.O. Box 3910
Las Vegas, NV 89127-3910

FAX TO:

(702) 455-2831

If you have any questions about this form or proof of I.D., call (702) 455-6552.