

BALLOT REQUEST FOR VOTER UNABLE TO SIGN OR MARK A BALLOT

NRS 293.3165

If because of a physical disability you are unable to mark or sign a ballot or use a voting device without assistance, you may request an emergency absent ballot.

WHEN TO REQUEST A BALLOT

You may request a ballot for all elections during the calendar year not later than 5:00 p.m. on the Tuesday before Election Day. If you miss that deadline, you can request an emergency ballot for a specific election no later than 5:00 p.m. on Election Day. In either case, the ballot must be requested in writing from the Election Department. Faxed or scanned ballot requests are acceptable. No request may be made by another person on behalf of a registered voter even with Power of Attorney.

YOUR WRITTEN REQUEST MUST INCLUDE:

1. Your name as it appears on the your Voter Registration Application
2. Your Clark County Residence
3. The name and address of the person designated to assist you in marking and signing your ballot
4. The designee's signature
5. A statement from a physician licensed in Nevada certifying that because of a disability, you are unable to mark or sign your ballot, or use a voting device without assistance

The person designated to assist you in marking and signing your ballot, must indicate next to his/her signature that the ballot has been marked and signed on your behalf.

WHEN TO RETURN THE BALLOT

Your voted ballot must be returned to the County Election Department not later than 7:00 p.m. on Election Day. Election Department Locations are:

965 Trade Dr. Suite A
North Las Vegas, NV 89030

500 Grand Central Parkway
1st Floor Room 1113
Las Vegas, NV

DO YOU HAVE QUESTIONS REGARDING ABSENTEE VOTING? CALL (702) 455-6552

Ballot Request

For Voter Unable to Mark and/or Sign a Ballot

NRS 293.3165

Pursuant to NRS 293.3165, it is requested that the registered voter listed below be issued a ballot from the County of Clark, State of Nevada, for each election conducted during this calendar year.

Name of Voter Requesting Ballot: _____

Residence Address of Voter: _____

Name of Person Designated to Mark and/or Sign the Ballot on the Voter's Behalf:

Residence Address of Designee: _____

Signature of Designee: _____

Date: _____

Physician's Statement

I certify that I am a licensed physician in the State of Nevada, and that the registered voter listed above is a person with a physical disability and because of the physical disability is unable to mark or sign a ballot or use a voting device without assistance.

Physician's Printed Name

Physician's Signature

Date

YOUR VOTED BALLOT MUST BE RECEIVED IN THE OFFICE OF THE CLARK COUNTY REGISTRAR OF VOTERS NOT LATER THAN 7:00 P.M. ON ELECTION DAY.