

Application for Permanent Absentee Voter Status

Cimarron Hills Fire Protection District

A Community Centered Family Department

TO: DESIGNATED ELECTION OFFICIAL

Validated on date: _____

Requester Information		
Name:	Date of Birth:	Phone Number:
I am applying for permanent absentee voter sa ballot for every election conducted by the D		Fire Protection District and wish to receiv
I attest that I am registered to vote purs	uant to the "Colorado Unifo	rm Election Code of 1992" and I am
A resident of the District OR		
The owner (or spouse or civil union pabelow) situated within the boundaries of the I purchase taxable property within the District equalifying as an elector.	District. A person who is obliga	ated to pay taxes under a contract to
Physical Address or description of tax	able or real personal property:	
My resident address is:		
City:	Zip Code:	County of:
		State of Colorado
The address for the absentee ballot to be mai	led is:	
Signature:	Printed Nam	e:
	Date:	
* Witnessed By		
* Application shall be signed personally by the or adoption to the applicant. In case of the witnessed by another person.		
FOR OFFICE USE ONLY:		
Request Received on date:	t time: hv:	