

Election Office

Instructions for returning application:

Email: votebymail@jocogov.org | Text: 913-953-9539

Fax: 913-791-8931 | Mail: 2101 E Kansas City Rd, Olathe, KS 66061

Questions? Call 913-715-6800 | www.jocoelection.org

1	Voter's Name Required	Last _____ Middle _____ First _____ Suffix _____
2	Date of Birth Required	Date of birth <i>(do not write today's date here)</i> _____ MM/DD/YYYY
3	ID Requirements Required	Kansas Driver's License or ID Number _____ You must provide either your Kansas driver's license number or nondriver's identification card number. Voters over 65 can provide an expired license number. If you do not have a current Kansas driver's license or nondriver's ID card, you MUST SUBMIT A COPY of a government-issued photo ID , such as a US passport or ID from another state, with this application. For other valid IDs, call the Election Office.
4	Johnson County Address Required	Street Address (no P.O. Box) _____ City _____ State _____ Zip _____
5	Mailing Address ONLY to have your ballot mailed to a different address than the address above.	Mailing Address _____ City _____ State _____ Zip _____ Note: The ballot may be mailed only to the voter's residential or mailing address as indicated on the county voter registration list, to the voter's temporary residential address, or to a medical care facility where the voter resides. These restrictions do not apply to a voter who has an illness, disability or who lacks proficiency in the English language. Ballots cannot be mailed until 20 days before the election.
6	Signature Required <i>Signatures are verified against signature on voter registration record. False statement on this form is a severity level 9, nonperson felony.</i> Sign Here →	I do solemnly affirm under penalty of perjury that I am a qualified elector residing at the address listed above, or I am authorized to sign for the above named voter who has a disability preventing the voter from signing an application. I am entitled to vote an advance voting ballot and I have not voted and will not otherwise vote at the election to be held on _____ (date). <div style="border: 1px solid red; width: 500px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 10px 0;">X</div> Date _____
7	Election Required <i>You must complete a separate application for each election.</i>	(circle one) August Primary November General Other _____ (use only for special elections)
8	Unaffiliated Voters Even-year August election only	To request a party ballot during a partisan election, circle one of the following. You will have to sign an affiliation statement on your ballot envelope for your vote to count. Democratic Republican Unaffiliated All other voters will receive a ballot for the party on their voter registration record as of June 1.
9	Contact information	To assist the election office in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone _____ Email address _____

Ballots cannot be mailed to voters more than 20 days before the election. Completed applications must be received at the Election Office by 5 p.m. central time on the Tuesday prior to the election.

False statement on this affirmation is a severity level 9, non-person felony.

Rev. 05/20/2022