

## 거절된 우편투표 신청서 수정하기

여러분의 부재자 투표 신청서가 아래와 같은 이유로 거절되었다면, 다음과 같은 절차를 통해서 부재자 투표지를 받으시길 바랍니다.

### 이유 1: 주소에 문제가 있었던 경우

카운티에 전화를 하셔서, 제출하신 주소에 어떤 문제가 있는지 확인하셔야 합니다. 만약 이 방법이 어렵다면, 신청서를 다시 작성하신 뒤 제출하시기 바랍니다.

### 이유 2: 정당을 선택하지 않은 경우 (2020년 8월 11일 결선투표에서만 필수 사항입니다.)

카운티에 전화 하셔서 전화 상으로 정당 선택을 할 수 있는지 문의하시길 바랍니다. 만약 이 방법이 어렵다면, 신청서를 다시 작성하신 뒤 제출하시기 바랍니다.

### 이유 3: 서명을 하지 않은 경우

신청서를 다시 작성해주시기 바랍니다.

**APPLICATION FOR  
OFFICIAL ABSENTEE BALLOT**

PLEASE PRINT (Failure to fill out the form completely could delay your application)

Date of Primary, Election, or Runoff: (MM/DD/YYYY) \_\_\_\_\_

<b>Voter name</b>	<b>1</b>	First: _____ Middle: _____ Last: _____ Suffix: _____
<b>Permanent address on file with county election office</b> <small>This is the address at which you are registered OR the mailing address you have given your county elections office. Your ballot will be sent here unless you provide a valid address in Section 3.</small>	<b>2</b>	Street: _____ City: _____ Zip: _____ County: _____
<b>Temporary address where you want ballot sent</b> <small>If you wish to receive your absentee ballot at an address other than the one in Section 2, fill it in here. This address must be in a different county that the county listed in Section 2 unless you are physically disabled or detained in jail or other detention facility.</small>	<b>3</b>	Street: _____ City: _____ State: _____ Zip: _____ County: _____
<b>Date of birth</b>	<b>4</b>	Date of birth: (MM/DD/YYYY) _____
<b>Type of ballot</b> <small>Required in a primary or primary runoff.</small>	<b>5</b>	<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non Partisan (will not have ANY party candidates listed)
<b>Contact information</b>	<b>6</b>	To assist your county elections officials in contacting you in a timely manner if your application is incomplete, please provide the following information. Phone number: _____ Email: _____
<b>Signature or mark of voter</b> <small>Required if voter fills out this application.</small>	<b>7</b>	Signature or mark of voter: _____ Today's date: (MM/DD/YYYY) _____
<b>Signature of person providing assistance</b> <small>Required if the voter receives assistance filling out this form. Assistance is only allowed if the voter is illiterate or physically disabled.</small>	<b>8</b>	Name of assistant: _____ Signature of assistant: _____ Today's date: (MM/DD/YYYY) _____
<b>Signature of person requesting ballot if not voter</b> <small>Required only if an eligible relative is making an application on behalf of the voter who is physically disabled or temporarily residing out of the county.</small>	<b>9</b>	Signature of requestor: _____ Relationship to voter: _____ I swear that the facts contained in this application are true and that I am either the mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law of the age of 18 and swear (or affirm) that the above-named voter is (check one) <input type="checkbox"/> physically disabled or <input type="checkbox"/> temporarily residing out of the county
<b>If you meet one of the described conditions in this section and would like to receive a mail ballot for the rest of the elections cycle without another application, indicate by checking the applicable eligibility requirement.</b>	<b>10</b>	<input type="checkbox"/> E - Elderly - I am 65 years of age or older <input type="checkbox"/> D - Disabled - I have a physical disability <input type="checkbox"/> U - UOCAVA Voter - I am a uniformed service member, spouse or dependent of a uniformed service member, or other US citizen residing overseas. <b>My current status is (please mark one):</b> <input type="checkbox"/> MOS - Military Overseas <input type="checkbox"/> OST - Overseas Temporary Resident <input type="checkbox"/> MST - Military Stateside <input type="checkbox"/> OSP - Overseas Permanent Resident (federal offices only) Email: (required for UOCAVA voters requesting electronic transmission) _____

**FOR OFFICE USE ONLY**

Dist. Combo: \_\_\_\_\_ Precinct: \_\_\_\_\_ Ballot #: \_\_\_\_\_

Received Date: \_\_\_\_\_ ISS Date: \_\_\_\_\_ Certified Date: \_\_\_\_\_ Rejection Date: \_\_\_\_\_

ID SHOWN: GADL \_\_\_\_\_ Other: \_\_\_\_\_

I certify that the above named voter  is eligible    is not eligible to receive a vote by mail ballot

Reason for Rejection: \_\_\_\_\_ Registrar Signature: \_\_\_\_\_

Ballot to be:  Mailed Electronically    Transmitted/delivered to voter in hospital by Registrars/Deputy    Voted in office (municipal only)

FORM #ABS-APP-18

[여기](#)에서 여러분 카운티 연락처 정보를 찾으실 수 있습니다. 새로운 우편투표 신청서는 [여기](#)에서 받아보시기 바랍니다.

신청서 수정 마감 기한은 선거일 직전 **금요일까지**입니다. 하지만, 선거 10일 전에 미리 수정 하시길 권장 드립니다.