

Para recibir esta información o la Solicitud de Voto por Correo en Español, comuníquese con:

Để nhận được thông tin này hoặc Đơn Xin Bầu Cử Bằng Thư bằng Tiếng Việt, xin liên lạc:

要接收此信息或中英文的郵遞投票申請表格, 請聯繫:

QUESTIONS? CONTACT: vbm@harrisvotes.com 713-755-6965

DO YOU QUALIFY TO VOTE BY MAIL?

NOT ALL VOTERS ARE ELIGIBLE TO VOTE BY MAIL.

READ THIS ADVISORY TO DETERMINE IF YOU ARE ELIGIBLE BEFORE APPLYING.

You are eligible to vote by mail if:

- 1. You are age 65 or older by Election Day, May 1, 2021;
2. You will be outside of Harris County for all of the Early Voting period (April 19 - April 27) and on Election Day (May 1);
3. You are confined in jail but otherwise eligible to vote, or;
4. You have a disability. Under Texas law, you qualify as disabled if you are sick, pregnant, or if voting in person will create a likelihood of injury to your health.
• The Texas Supreme Court has ruled that lack of immunity to COVID-19 can be considered as a factor in your decision as to whether voting in person will create a likelihood of injury to your health, but it cannot be the only factor.
• It's up to you to determine your health status - the Harris County Elections Office does not have the authority or ability to question your judgment.
• To read guidance from the U.S. Centers for Disease Control and Prevention (CDC) on which medical conditions put people at increased risk of severe illness from COVID-19, please visit: www.HarrisVotes.com/CDC

IF YOU HAVE READ THIS ADVISORY AND DETERMINED THAT YOU ARE ELIGIBLE TO VOTE BY MAIL, PLEASE COMPLETE THE ATTACHED APPLICATION AND RETURN IT TO THE HARRIS COUNTY ELECTIONS OFFICE. VOTING BY MAIL IS A SECURE WAY TO VOTE, AND IT IS ALSO THE SAFEST AND MOST CONVENIENT WAY TO VOTE.

To receive CRITICAL ELECTION UPDATES, sign up at: www.harrisvotes.com/text

PLEASE PRINT OUT THIS APPLICATION AND MAIL TO:

ISABEL LONGORIA - Harris County Elections Administrator • P.O. Box 1148 • Houston, TX 77251-1148

For Official Use Only: VUID # or County Election Pct #

APPLICATION FOR BALLOT BY MAIL



1 APPLICANT'S INFORMATION

Name/Address/City/State/Zip

PHONE NUMBER (OPTIONAL)

Phone number may be used for ballot verification

BALLOT LANGUAGE

- English/Español _____
- English/Tiếng Việt _____
- English/中文 _____

OPTIONAL- PREFERRED MAILING ADDRESS OR OUT OF COUNTY ADDRESS:

Name/Address/City/State/Zip

REASON FOR ALTERNATE ADDRESS

- Address on voter registration certificate: _____
- Hospital or Long Term Care Facility: _____
- Retirement Center: _____
- Correctional Facility: _____
- Address of Relative: _____
- *Relationship to voter: _____
- Out of the County Address: _____

2 REASON FOR APPLYING FOR BALLOT BY MAIL

- ___ Age 65 or older
- ___ Have a disability
- ___ Outside the county during early voting (April 19, 2021- April 27, 2021) and on Election day (May 1, 2021) or (Dates you will be outside the county ___/___ - ___/___)
- ___ Confined in jail

3 ELECTIONS FOR WHICH YOU ARE APPLYING

- ___ ALL 2021 ELECTIONS
- ___ ONLY MAY 1, 2021 AND RUNOFF

SIGN YOUR APPLICATION: If you cannot sign, you must have a person witness your mark. If a person helped you fill out this application you must give the name of that person on the line immediately below your signature. In any single election, it is a Class A misdemeanor or any person to sign a ballot application as a witness for more than one applicant, unless the second and subsequent application are related to the witness as a parent, spouse, child, sibling, or grandparent. If you need additional information call the Texas Secretary of State at 1-800-252-8683. COMMON CONTRACT CARRIER: You may submit via a common or contract carrier which is a bona fide, for profit carrier.

4 I certify that the information given on this application is true, and I understand that giving false information on this application is a crime. X

Signature of Applicant as Registered
Signature will be used for ballot verification

5 If someone helped you to complete this form or mails the form for you, then that person must complete this section.

If applicant is unable to sign section 4 and you are acting as a Witness to that fact, please check here _____ and sign below. If you assisted the applicant in completing this application in the applicant's presence or e-mailed/mailed or faxed the application on behalf of the applicant, please check here _____ as an Assistant and sign below.

Signature of Witness /Assistant X Printed Name of Witness/Assistant X Witness' relationship to applicant _____
Street Address _____ City _____
State _____ ZIP Code _____

- 1. Fill in (or verify) your information
- 2. Select your reason for using Ballot by Mail
- 3. Select your Election(s)
- 4. Sign your application
- 5. If you had help with this application fill out Section 5

ONCE COMPLETE, AFFIX A STAMP AND PLACE IN THE MAIL.