

# REQUEST FOR ACCESSIBLE REMOTE BALLOT FOR NOVEMBER 3, 2020 PENNSYLVANIA GENERAL ELECTION



## Instructions:

Read the following document carefully. Complete this form to request a remote accessible ballot. In order to apply for an accessible remote ballot, you must have applied for an absentee or mail-in ballot ([votesPA.com/ApplyMailBallot](https://votesPA.com/ApplyMailBallot)). To avoid delays in processing your request, please submit your request within 24 hours of applying for your mail-in or absentee ballot.

Complete all the required fields. Required fields are marked with an asterisk. (\*)

Enter your name, date of birth, county of residence, address, and identifying information, and sign your name and date where indicated. You may electronically sign your name. Print this completed request form and mail it to your County Board of Elections. The mailing address can be found at [votespa.com/county](https://votespa.com/county). Or you may alternatively email the completed request form to [ra-awib@pa.gov](mailto:ra-awib@pa.gov).

## Request for Accessible Remote Ballot

By entering and signing my name below I am requesting an accessible remote ballot for the November 2020 Pennsylvania General Election.

## Declaration

By entering and signing my name below, I declare and affirm that: I am a voter with a disability as defined by the Americans with Disabilities Act; I am eligible to vote at the forthcoming election; I have not already voted in the election; and, all of the information I have provided on this form is true and correct and is made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Required fields are marked with an asterisk. (\*)

<b>Applicant Information</b>	1	*Last name _____ <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV
		*First name _____ Middle name or initial _____
		*Phone number (###-###-####) _____ *Birthdate (MM/DD/YYYY) _____
		*Email Address _____
<b>Address where registered to vote</b>	2	*County _____
		*Street Address (Not P.O. Box) _____ Apt. # _____
		*City/Town _____ State <b>PA</b> *Zip Code _____
<b>Address where you receive mail</b>	3	<input type="checkbox"/> Same as above
		Street Address _____ Apt. # _____
		City/Town _____ State _____ Zip Code _____
<b>*Sign your name or mark here</b>	4	_____ Date _____