

# APPLICATION FOR PERMANENT ABSENTEE VOTER STATUS

## Arvada Fire Protection District

**NOTE:** One form per person. If there are additional voters in your household who would like to apply for permanent absentee voter status, please copy this form or download a form at [www.arvadafire.com](http://www.arvadafire.com).

To the Designated Election Official of the Arvada Fire Protection District ("District"):

I, \_\_\_\_\_, whose birth year is \_\_\_\_\_ wish to be designated  
(legal printed name of voter)

as a permanent absentee voter for all of the District's elections pursuant to C.R.S. § 1-13.5-1003.

I am an eligible elector of the District because I am registered to vote in Colorado in \_\_\_\_\_ County and I am (**check at least one**):

- A resident of the District.  
My residential address is: \_\_\_\_\_
- The owner of taxable real or personal property within the District, **or** a person who is obligated to pay taxes under a contract to purchase taxable property within the District.  
Address or parcel number of the property: \_\_\_\_\_
- The spouse or civil union partner of the owner of taxable real or personal property within the District.  
Spouse or civil union partner's name: \_\_\_\_\_  
Address or parcel number of the property: \_\_\_\_\_

I request that absentee ballots be mailed to me at the following mailing address (**check only one**):

- Same as above.
- \_\_\_\_\_  
(Street address) (City) (State) (Zip)

I understand that I will be removed from the District's permanent absentee voter list if I notify the District's DEO that I no longer wish to vote by absentee ballot; if the absentee ballot sent to me is returned to the DEO as undeliverable; if I have been deemed "inactive" pursuant to C.R.S. § 1-2-605; or if I become ineligible to vote in the District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Who Signed this Application

Witnessed by\*\* \_\_\_\_\_  
Signature

Contact phone or email (optional) \_\_\_\_\_

The person who signed this Application is:

- The applicant
- A family member of the applicant related by blood, marriage, civil union, or adoption

### INSTRUCTIONS

This Application must be signed personally by the applicant, or by a family member of the applicant related by blood, marriage, civil union, or adoption. **Electronic, typed, or word processed signatures are not acceptable.** \*\*In case of applicant's inability to sign, the applicant must make his/her mark on the application, which must be witnessed by another person.

This completed Application may be mailed or hand-delivered to AFD-DEO, 7903 Allison Way, Arvada, CO 80005; faxed to 303-432-7995; or scanned and emailed to [election@arvadafire.com](mailto:election@arvadafire.com).

**The Colorado Local Government Election Code requires that in order for your ballot to be counted, it must be received by the District's Designated Election Official or an election judge by 7:00 p.m. on the day of the election.**