Voatz Smartphone Voting Pilot Program for Disabled Voters





VC	oter ID Number (omce use only)			
LAST NAME		FIRST NAME		MIDDLE NAME
HOME ADDRESS		CITY, STATE ZIP		CODE
DATE OF BIRTH EMAIL ADDRESS [Required for electronic voting]				
Thi	s form must be printed and persona	ally signed by the disabled vo	ter. No othe	er form of signature can be accepted.
VOTER SIGNATURE By signing this form I affirm that I am a voter with disabilities.				
The completed form must be received by the Utah County Elections Office by <u>no later than</u> : 5:00 pm on October 29, 2019				
	Submit form in person	Submit form by n	mail	Submit form by email
• OR • • • • • • • • • • • • • • • • • •	Fill out form completely on the computer and print off. Print off form and fill out completely by hand. Be sure to write legibly. Disabled voter must sign form by hand in the signature box above. Drop-off the completed form at the Utah County Elections Office before October 29 at 5:00 pm. Visical Address: Utah County Elections Division 100 E Center St in Provo Located on the 3rd Floor of the Utah County Administration Bldg in Rm 3100 Hours: Open Monday to Friday	 Fill out form completely computer and print off. OR Print off form and fill our completely by hand. Be write legibly. Disabled voter must sign hand in the signature both mand in the signature both mand in the signature both mand completed form to below. Regardless of when letter postmarked, it must arrise before October 29! Mailing Address: Utah County Elections Division 100 E Center St #3100 Provo, UT 84606 	t sure to n form by ox above. address er is ive on or	 Fill out form completely on the computer and print off. OR Print off form and fill out completely by hand. Be sure to write legibly. Disabled voter must sign form by hand in the signature box above. Scan or take a picture of the form. All information must be clearly legible. Form must be a pdf, jpg, or png file. Attach scan or picture of form to email and send to elections@utahcounty.gov