



Suzanne "Suzie" Sainz
SANTA CRUZ COUNTY RECORDER
 2150 N. Congress Dr.
 Nogales, Arizona 85621

**2019 SPECIAL ELECTION FOR NUSD #1 OVERRIDE & SCVUSD #35 OVERRIDE/BOND
 REQUEST FOR EARLY BALLOT**

Please type or print all information; complete all lines and sign at the **X** below. Mail or deliver this request to:
 Por favor escribe a máquina o de molde toda la información; llene todas las líneas y firme en la **X**.
 Envié por correo o entregué personalmente:

Santa Cruz County Recorder
2150 N. Congress Drive
Nogales, AZ 85621

| | | | |
|--------------------|-------------------|--------------|-------|
| Last Name/Apellido | First Name/Nombre | M.I./Inicial | Jr/Sr |
|--------------------|-------------------|--------------|-------|

| | | | |
|-----------------------------|-------------|--------------|------------------------|
| Residence Address/Domicilio | City/Ciudad | State/Estado | Zip Code/Código Postal |
|-----------------------------|-------------|--------------|------------------------|

| | | |
|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> My registration address has changed Mi domicilio de registro ha cambiado | <input type="checkbox"/> | Mail to email address if overseas |
|--|--------------------------|-----------------------------------|

| | |
|--------------------------|---|
| <input type="checkbox"/> | Mail to temporary residence address if different from above (ARS 16-542) Dirección de correo temporal, si es diferente a la que aparece arriba |
|--------------------------|---|

| | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|------------------|---------------------|
| Date of Birth Fecha de Nacimiento | Phone Number Número de Teléfono | Voter ID Number Número de Votante | Party Partido | Precinct Recinto |
|--------------------------------------|------------------------------------|--------------------------------------|------------------|---------------------|

| | | | | | | |
|---------------------------------------|--------------------------|------------------|--------------------------|-------------------|--------------------------|----------------|
| Cell phone Number Teléfono Celular | <input type="checkbox"/> | Request by Phone | <input type="checkbox"/> | Request by Mail | <input type="checkbox"/> | Request by Fax |
| | <input type="checkbox"/> | Request by Email | <input type="checkbox"/> | Request In-person | | |

Special Election – Tuesday, November 05, 2019
 Elección Especial – martes, 05 de noviembre del 2019

| | | |
|--|--------------------------|--|
| <input type="checkbox"/> REQUEST SPECIAL ELECTION BOARD (FOR VOTING ILL OR DISABLED ELECTORS) | <input type="checkbox"/> | SOLICITAR COMITÉ ESPECIAL DE ELECCION (PARA VOTANTES MINUSVALIDOS Y ENFERMOS) |
|--|--------------------------|--|

| | |
|-----------------------------------|------------|
| X | |
| Voter Signature/Firma del Votante | Date/Fecha |