

PLACE
STAMP
HERE



CASS COUNTY AUDITOR
ON BEHALF OF
THE CITY OF FARGO
PO BOX 2806
FARGO, ND 58108-2806



YOUR  OICE MATTERS

YOU HAVE  CONVENIENT VOTING OPTIONS

#1

**IN
PERSON**

VOTE EARLY (JUNE 6 - JUNE 10; 10 a.m. - 6 p.m.)

FARGODOME

1800 North University Drive
Fargo, ND 58102

OR

West Acres Mall Community Corner

3902 13th Avenue South
Fargo, ND 58103

OR

DoubleTree Inn

825 East Beaton Drive
West Fargo, ND 58078

—OR—

VOTE ON ELECTION DAY (JUNE 14; 7 a.m. - 7 p.m.)

See voting locations at [FargoND.gov/Vote2022](https://fargond.gov/Vote2022)

**MAIL IN
BALLOT**

#2

INSTRUCTIONS TO RECEIVE MAIL-IN BALLOT

Fill out the form on the inside of this letter and mail it back 



SIGN THE FORM

Be sure to sign the form. Voters who are unable to sign shall mark (X) in the box where indicated or used the voters signature stamp on the application in the presence of a disinterested individual (a witness who has no interest or influence on the voter's decision). On the line next to the box, the disinterested person shall print the name of the person making the mark or using the signature stamp. Then, on the following line, the disinterested person shall sign his or her own name as the witness to the mark.



RETURN IT

Fold the card over, with The City of Fargo logo on the outside and seal it with tape. Then just drop it in any mailbox or drop it off at the County Auditor's office to receive a ballot.

IMPORTANT - NORTH DAKOTA DOES NOT REQUIRE VOTER REGISTRATION IN ADVANCE OF AN ELECTION.

THIS IS AN OFFICIAL APPLICATION FOR A MAIL-IN BALLOT. IF YOU WISH TO VOTE IN PERSON, YOU DO **NOT** NEED TO FILL OUT THIS FORM.

CASS COUNTY AUDITOR
ON BEHALF OF
THE CITY OF FARGO
FARGO, ND 58108-2806



OFFICIAL MAIL

Please open for instructions

Address Label Here



ABSENTEE/MAIL BALLOT APPLICATION
SECRETARY OF STATE
SFN 51468 (02-2022)

For Office Use Only

Precinct Part

For reference, see North Dakota Century Code, Chapter 16-1-07.

Application must be for at least one of the following elections: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> June (Primary) election | <input type="checkbox"/> City election | <input type="checkbox"/> Special election |
| <input type="checkbox"/> November (General) election | <input type="checkbox"/> School election | |

Applicant Information: (ALL FIELDS REQUIRED)

Voter's name		Date of birth		Daytime telephone number	
North Dakota ID type used: (check one)					
<input type="checkbox"/> Driver's license		<input type="checkbox"/> Non-driver's ID		<input type="checkbox"/> Long-term care certificate (include with application)	
<input type="checkbox"/> Passport (only for voters living outside the United States) or military ID**		<input type="checkbox"/> Tribal ID		<input type="checkbox"/> Applicant without ID*	
ID number (required only if driver's license, non-driver's ID, tribal ID, passport, or military ID is selected above)					
Residential address		City		State ZIP code	
Ballot delivery address (if different from residential address)		City		State ZIP code	
I do solemnly affirm that I have resided or will reside in the precinct where my residential voting address is located for at least 30 days next preceding the election and will be a qualified elector of the precinct.					
Signature (required)		Date			

Applicant unable to sign:

If the applicant is unable to sign the applicant's name, the applicant shall mark ☒ or use the applicant's signature stamp on the application in the presence of a disinterested individual. The disinterested individual shall print the name of the individual marking the "X" or using the signature stamp below the "X" or signature and shall sign the disinterested individual's own name following the printed name together with the notation, "witness to the mark."

Voter's Mark	Printed name of person making mark or voter's signature stamp
	Signature of "witness to the mark"

***Applicant without ID:**

If the applicant does not possess or cannot secure an approved form of identification due to a disability with which the individual lives and which prevents the individual from traveling to obtain, another qualified elector of the state may attest that the applicant is a qualified elector of that precinct by signing below and providing his or her approved North Dakota identification number. **NOTE:** A qualified elector may not attest the qualifications of more than four applications in an election.

Printed name of attester	Driver's / non-driver's / tribal ID number	
Signature of attester	Date	Daytime telephone number

****Active military and overseas voter:**

Check ONE (if applicable):	
<input type="checkbox"/> Citizen living outside of the United States	
<input type="checkbox"/> Uniformed service or family member living away from the voter's residence, yet within the United States	
<input type="checkbox"/> Uniformed service or family member living away from the voter's residence, yet outside the United States	
If one of the check boxes above applies to you, please indicate your preferred ballot delivery method:	
<input type="checkbox"/> Mail	<input type="checkbox"/> Email (provide email address):
<input type="checkbox"/> Fax (provide fax number):	

Mail or submit to the auditor of your county of residence or appropriate election officer

(The signature on this affidavit will be compared to the signature on the affidavit on the envelope in which the absentee ballot must be placed.)