



Thank you for your interest and willingness to participate in the democratic process of electing Board member for the Eagle County Health Service District.

Applications for an absentee ballot can be returned via email at elections@ecparamedics.com or in person at 1055 Edwards Village Blvd Edwards, CO 81632. Hours of operation are Monday-Friday from 8:00 a.m. to 4:30 p.m.

Upon receipt of your application, your ballot will be mailed to the requested address, if you are a qualified elector or ballots may be picked up in person when you present the application and you are verified as a qualified elector (registered to vote in Eagle County or own property in Eagle County and registered to vote in Colorado).

If you have questions about this process, please call me at 970-926-5270.

Regards,

Veronica Ross, Designated Election Official

**APPLICATION FOR ABSENTEE BALLOT FOR THE
REGULAR ELECTION TO BE CONDUCTED ON MAY 2, 2023**

Applications will be accepted until the close of business on the Tuesday immediately preceding the election (April 25, 2023).

TO: Designated Election Official
Eagle County Health Service District ("District"):

I, _____, whose birth year is _____, am registered to vote pursuant to the "Colorado Uniform Election Code of 1992" and I am:

- A resident of the District; or
- The owner (or spouse or civil union partner of owner) of the taxable real or personal property (described below) situated within the boundaries of the District. A person who is obligated to pay taxes under a contract to purchase taxable property within the District shall be considered an owner of taxable property for the purpose of qualifying as an elector.

Physical address or description of property: _____

My residence address is _____, City _____, Zip Code _____, County of _____, State of Colorado. The address for the absentee ballot to be mailed is _____.

I am applying for an absentee ballot for use by me in voting at the regular election to be held on May 2, 2023.

If this box is checked, I wish to apply for permanent absentee voter status with the District and receive a ballot for every election conducted by the District.

Signature*

Name Printed

Date

**Witnessed By _____

*Application shall be signed personally by the applicant or a family member related by blood, marriage, civil union, or adoption to the applicant.

**In case of applicant's inability to sign his/her name, the elector's mark shall be witnessed by another person.

IMPORTANT

In order for your ballot to be counted it must be received by the Designated Election Official or an Election Judge by 7:00 p.m. on the day of the election. If you have questions please contact Veronica Ross, Designated Election Official at vross@ecparamedics.com or by telephone at 970-569-4222. Completed application for absentee ballots can be emailed to elections@ecparamedics.com.