

Wyandotte County Election Office

Advance by Mail Application - Form AV1

Applications can be returned via:

Mail and In Person: 850 State Ave, KCK

Email: election@wycokck.org

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Affirmation of an Elector of the County of Wyandotte, and State of Kansas desiring to vote an advance voting ballot

urrent Kansas Driver's Li	cense or KS ID num	ber				
		license number or a nondri	ver's identification o	card number. Vot	ers over the	e age of 65 can
ovide an expired license	number.					
		cense or nondriver's ID card e with the application. For a				ied photo ID,
				,		
Personal Informat	ion (Required))				
ast Name	First Name			Middle Name		
ate of Birth MM/DI	D/YYY			Phone Numb	er (XXX)	XXX-XXXX
ic of Birdi	2/111			1 Hone Humb	(7000)	70000
esidential Address			City		State	Zip
		Primary Elections ONLY. You oter registration. You must coan Libertarian	omplete a voter regist		to affiliate w	
Democratic						
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	only if differen	nt from residential	address)			
	Only if differen	it from residential a	address)			
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Mailing Address (C		nt from residential (State	
lailing Address (Calling Address	equired)		City	Vyandotte Co		Zip
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Mailing Address (Calling Address oter Signature (Redo solemnly affirm unddress listed above,	equired) nder penalty of p or I am authorize	perjury that I am a qua ed to sign for the abov	City lified elector of V	vho has a disa	unty, KS, ability pre	zip residing at the vote
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Ballots cannot be mailed to voters more than 20 days before the election. Completed applications must be <u>received at the Election Office</u> by 5 p.m. central time on the Tuesday prior to the election.

Phone: (913) 573-8500

Fax: (913) 573-8580