

Please sign, date, provide your day time phone number and return to:

**Elections Department
PO Box 2350
Spokane, WA 99210-2350**

Affidavit

I do solemnly swear or affirm under penalty of perjury that:

I am a citizen of the United States;

I am a legal resident of the state of Washington;

I will be at least 18 years old on or before election day;

I am not presently denied my voting rights as a result of being convicted of a felony;

I have not been judicially declared mentally incompetent;

I have not already voted in this election; and I understand it is illegal to cast a ballot or sign a ballot envelope on behalf of another voter.

Attempting to vote when not qualified, attempting to vote more than once, or falsely signing this oath is a felony punishable by a maximum imprisonment of five years, a maximum fine of \$10,000, or both.

Voter Sign Here _____

Date _____

Daytime Phone Number _____

If a voter is unable to sign his/her signature above due to a disability, the voter shall make a mark or attempted signature on the line provided for the voter's signature. If this mark or attempted signature is witnessed below by two persons, the ballot will be accepted.

First
Witness _____

Second
Witness _____