

Leslie M. Hoffman
Recorder

leslie.hoffman@yavapai.us
928-771-3244

Karen McCracken
Chief Deputy Recorder

karen.mccracken@yavapai.us
928-771-3244

YAVAPAI COUNTY RECORDER'S OFFICE



1015 Fair Street - Room 228
Prescott, Arizona 86305-1807

Lynn Constabile
Elections Director
lynn.constabile@yavapai.us
928-771-3250

Laurin L. Custis
Registrar of Voters
laurin.custis@yavapai.us
928-771-3248

Permanent Early Voting List Request

Dear Yavapai County Voter:

Any registered voter with an in-state mailing address may request to be included on the Permanent Early Voting List in order to automatically receive an early ballot by mail, for all elections they are eligible to participate. In order to be included on the Permanent Early Voting List, the voter must make a written request specifically asking that their name be added to the permanent list. The request must include the voter's name, residence address, mailing address within the State of Arizona, date of birth, and signature. Please complete the form below and return it in the envelope provided. You will remain on this list until your registration is cancelled, moved to inactive status, or a written request by you to be removed from the list.

Voters on the Permanent Early Voting List will receive a notice at least ninety days (90) prior to any voting center/polling place election in March or August. The notice will include the dates of the upcoming elections, the date and address you can expect your ballot to be mailed. The notice will also include a means for you to change: your mailing address, your residence address, and/or allow for you to request that a ballot NOT be sent for the upcoming election or elections indicated on the notice.

Registered Independent, Other, or Party not Designated voters will be given the opportunity to select one of the participating party ballots to vote. *Please complete and return this request to Yavapai County Voter Registration, 1015 Fair Street- Rm #228, Prescott, AZ 86305-1807.*

-----cut here-----cut here-----cut here-----

PERMANENT EARLY VOTING REQUEST

Fill out and sign the form below to participate in the Permanent Early Voter Program.

NAME: _____ DATE OF BIRTH: _____

RESIDENCE ADDRESS: _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SIGN HERE: _____ DATE: _____

I swear or affirm that I am a registered voter who is eligible to vote in my county of residence.