



DISTRICT OF COLUMBIA
BOARD OF ELECTIONS
WASHINGTON, D.C. 20003-4733



REQUEST FOR ELECTION DAY BALLOT TRANSFER

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE BOARD OF ELECTIONS NO LATER THAN SEVEN (7) DAYS BEFORE THE ELECTION IN WHICH YOU WISH TO VOTE.

SECTION 1: VOTER INFORMATION

Name: Last (Required) First (Required) Middle Suffix (MM/DD/YYYY) (required)

Residence Address: House Number (Required) Street (Required) Apt./ Unit

Telephone Number: (Required) Email Address: (Required)

SECTION 2: VOTER AFFIRMATION

Under penalties of perjury, I swear or affirm that I am a registered voter who is at least 64 years of age and/or has a disability. The Board of Elections has identified the polling place that serves my voting precinct as inaccessible pursuant to Section 8 of the Voting Accessibility for the Elderly and Handicapped Act. As a result, I request that the Board transfer my ballot to the accessible polling place closest to the polling place that serves my voting precinct on Election Day.

Signature: (Required) Date: (MM/DD/YYYY)

SECTION 3: ASSISTANCE WITH FORM

If someone assisted you with this form, that individual must read and affirm the following: Under penalty of perjury, I hereby certify that the voter named above, who requires assistance because of disability or inability to read or write, authorized me to complete this form for him or her. If the voter was unable to sign this form, I have printed the voter's name, followed by my initials.

Printed Name/Signature of Assistant: (Required) Date: (MM/DD/YYYY)

Official BOE Use Only

Approved Not approved
Voter ID #: Ward: SMD: Voting
Precinct: Transfer Precinct:
Date Voter Notified: Signature of BOE official: