



Graham County Recorder's Office

Recorder: Polly Merriman
921 W. Thatcher Blvd., Safford, AZ 85546
PO Box 747 Safford, AZ 85548
928-428-3560

Active Early Voting List Request

Any registered voter may request to be included on the Active 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 Active Early Voting List, the voter must make a written request specifically asking that their name be added to the Active Early Voting 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 mail or return it to the Graham County Recorder's Office at the address above. 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 Active 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 contact our office with questions or concerns.

Thank you.

Graham County Voter Registration
928-428-3560

Si necesita este documento en español, haga el favor de ponerse en contacto con la oficina de Registro de Votantes al (928) 428-3560.

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ACTIVE EARLY VOTING REQUEST

Fill out and sign the form below to participate in the Active 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.