



Yavapai County Recorder's Office  
Recorder: Michelle M. Burchill  
Registrar of Voters: Laurin L. Custis  
1015 Fair Street, Room 228  
Prescott, AZ 86305-1807  
928-771-3248



[web.voter.registration@yavapaiaz.gov](mailto:web.voter.registration@yavapaiaz.gov)

### **Active Early Voting List Request**

Any registered voter may request to automatically receive an early ballot by mail, for all elections they are eligible to participate. 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 list. The request must include the voter's name, residence address, mailing address within the State of Arizona, date of birth, and signature.

To remain on this list, you must vote one of your early ballots in four (4) consecutive Primary, General, and jurisdictional Elections or until your registration is cancelled, moved to inactive status, or a written request by you to be removed from the list. Removal requests must include: your name, residence address, date of birth, and signature.

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.

If the election is a partisan (political party specific) open primary election and you are not registered as a member of one of the political parties participating in the election (independent, other, etc.), the notice will include information on how to request a party ballot.

*Please complete and return this request to Yavapai County Voter Registration, 1015 Fair St., Rm #228, Prescott, AZ 86305-1807.*

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#### **ACTIVE EARLY VOTING LIST REQUEST**

**Fill out and sign the form below to receive your ballot by mail.**

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.**