

## APPLICATION FOR ABSENTEE BALLOT

C.R.S. 1-13.5-1001, et seq

### IMPORTANT!

- **Application must be filed by close of business, Tuesday, April 29, 2025.**
- **Absentee ballot must be received by Election Judge or DEO by 7:00 PM on Election Day, May 6, 2025, to be counted.**

To the Designated Election Official of the Kiowa Fire Protection District

I, \_\_\_\_\_, am requesting an absentee ballot on behalf of (select one): \_\_\_\_\_ myself, whose birth year is: \_\_\_\_\_; **or**  
\_\_\_\_\_, a family member related by blood, marriage civil union, or adoption to the applicant, whose birth year is: \_\_\_\_\_

who is an eligible elector of the Kiowa Fire Protection District, State of Colorado, eligible by virtue of being a resident of the district with an elector **residence** address of:

\_\_\_\_\_  
(address) (city) (zip) (county) CO

**OR**

\_\_\_\_\_ Ownership (or spouse or civil union partner) of the taxable real or personal property (described below) situated within the boundaries of the District, or a person who is obligated to pay taxes under a contract to purchase taxable property within the District.

Physical address or description of property: \_\_\_\_\_  
(address) (city) (zip) (county) CO

Mail elector's absentee ballot to this address: \_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip)

I am applying for an absentee ballot for use by me or the person noted above per §1-13.5-1002(1)(b) in voting at the district's regular election to be held on the 6<sup>th</sup> day of May 2025.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\*In case of elector's inability to sign her/his name, the elector's mark shall be witnessed by another person.

Please email your completed Absentee Ballot application to: [g.scheidt@kiowacofpd.gov](mailto:g.scheidt@kiowacofpd.gov)

