

FOR JAVA A OR JIP ONLY

CONTROL NUMBER

STATUS

PRECINCT

UNIT

APPROVAL: PENDING
 FINAL



COMISIÓN ESTATAL DE ELECCIONES

ABSENTEE AND EARLY VOTE ADMINISTRATIVE BOARD
PARTIDO NUEVO PROGRESISTA
 PO BOX 192359
 SAN JUAN, PR 00919
 787-777-8682 EXT. 4018
 787-777-8357
javaapnp@cee.pr.gov
www.ceepur.org

REQUEST FOR EARLY VOTE:
MAILING AND DOMICILE

SPECIAL ELECTION TO FILL SENATOR VACANCY IN SAN JUAN DISTRICT I

ELECTORAL NUMBER

NAME

INITIAL

SURNAME

MOTHER'S LAST NAME

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

DATE OF BIRTH Day Month Year

GENDER F M

TWIN YES NO

BIRTH PLACE

PERSON WITH DISABILITIES BLIND OTHER:

FATHER'S NAME

MOTHER'S NAME

HOME ADDRESS Street, lot, building number, apartment, or unit

Place of community

MUNICIPALITY

ZIP CODE

MOBILE PHONE

HOME PHONE

E-MAIL

Instructions: Choose the category to which you belong and then the way you will vote: Mail, Email and Domicile (home). You may only choose one (1) category and one (1) voting method.

- A. Commission Member, CEE employee, or Commissioner legal advisor
 - Mail
 - Email
- B. Person working in the Special Election for one of the certified Candidates
 - Mail
 - Email
- C. Enrollment officer for the precinct
 - Mail
 - Email
- D. Local Commissioner
 - Mail
 - Email
- E. Candidate Voter
 - Mail
 - Email

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- F. Work Voter – Any voter who is a public employee, private employee or self-employed who states that his or her to be in his or her employment center within Puerto Rico is located outside his/her domicile area.
 - Mail
 - Email
- G. Travel Voter – Any voter who, after the term to submit Absent or Early Vote application, becomes aware that he or she will be physically outside Puerto Rico for any reason on election day, and became aware before election day.
 - Mail
 - Email
- H. Hospitalized Voter – Any voter who will be admitted in the election day as a patient in a hospital institution, long-term treatment or health care institution.
 - Mail
 - Email
- I. Voter over 60 years old
 - Mail
 - Email
- J. Only caregiver – A voter who is the only person available in the family unit for the care of children under the age of fourteen (14) years, persons with disabilities or people who are bedridden at home.
 - Mail
 - Email
- K. Physical Impair Voter – Any voter with physical or visual impairment who, during the fifty (50) days prior to and until the election day, has been and will continue to use a wheeled chair, crutches, equipment necessary for mobility; or has obvious limitations to move around with or without on equipment.
 - Mail
 - Email
 - Home
- L. Easy Home Access Voting Voter – Any voter with a disability or an obvious moving limitation or bedridden or any type of medical condition that prevents them from attending the voting center,
 - Mail
 - Email
 - Home
- M. Voter over 60 years old
 - Mail
 - Email
 - Home
- N. Voter at a home or residential care – All voters with special conditions who resides in these places but is not his/her register domicile for electoral register. Mail
 - Email
 - Home

"I swear (or declare) that I file this Early Voting Application because I am a registered and active voter in the General Register of Voters of Puerto Rico; and I comply with all requirements for the voter's categories eligible for early vote of the next electoral event. I affirm that all the information I include in my Early Voting Application is true and correct. I am aware that falsifying information stated by me voluntarily in this application could represent the loss of my voting opportunity, the non-adjudication of my vote, or the imposition of penalties under the 2020 Puerto Rico Election Code."

By signing this document, I declare that I am a member of Partido

APPLICANT'S SIGNATURE OR MARK

WITNESS SIGNATURE

DATE

I DECLARE THAT I SIGN AS WITNESS OF THIS REQUEST BECAUSE THE APPLICANT IS UNABLE TO SIGN.

THIS APPLICATION MUST BE DELIVERED TO JAVA A OR JIP BY: JULY, 22 2022 OR BY EMAIL TO JAVAAPNP@CEE.PR.GOV