

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 7:00PM on election day, May 6, 2025, to be counted.**
- Please return this application to Cheri Curtis, DEO in person or by US Postal mail to 28 Second St, Ste 213, Edwards, CO 81632; by email to Cheri@mwcpaa.com; or by fax to (970)926-6040.

To the Designated Election Official of Mountain Recreation Metropolitan 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 Mountain Recreation Metropolitan District, State of Colorado, eligible by virtue of

☐ Being a resident of the district, with an elector **residence** address
of: _____, Colorado
(address) (City) (Zip) (County)

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:
_____, Colorado
(address) (City) (Zip) (County)

☐  Check box if elector wishes to be on District's **permanent absentee voter** list. Applicant will receive an absentee ballot for every election conducted by the District if checked.

Mail elector's absentee ballot to this address: _____
(mailing 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)(a)(II) in voting at the district's regular election to be held on the 6th day of May, 2025.

(signature) (date) *Witnessed By _____

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