

State of Iowa
Petition Requesting Satellite Absentee Voting Station

Satellite Absentee Voting Station Information

Type and Date of Election: General on ___/___/___ Primary on ___/___/___ School on ___/___/___
 City on ___/___/___ Special on ___/___/___

Name of Proposed Location: _____

Address of Proposed Location: _____
Street Address City Zip Code

The proposed location must be accessible to voters with disabilities and the elderly.

We, the undersigned eligible electors of _____ County/City/School District request that there be a satellite absentee voting station at the place and for the election described above.

Sign your name	Address where you live in Iowa:		Today's Date
	House number and street	City	
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