

Registrar of Voters

Mail Ballot Cure Affidavit Form

044	YOUR NAME:	
Step 1	First Name	Last Name
Step 2	DID YOU RETURN A BALLOT?	
	If "Yes" is selected above: I state under penalty of perjury that I am an eligible elector; that my signature and name are as shown on this form; that all information you are providing is accurate and true to the best of your knowledge and that I have only cast one ballot in this election in accordance with the provisions of NRS 293.780. If "No" is selected above: I affirm that the information I have provided on this form is true and correct to the best of my knowledge.	
Step 3	SIGN: X	
 A valid ID A valid U. A valid en Nevada, of A valid pil A valid pil A valid Method A certified of Certified of A valid ID 	or by any county, municipality, board, authority, or other pot's license issued by the Federal Aviation Administration	or other authorized agency of the U.S. If the eligible elector A valid veteran ID card issued by the U.S. Ith a photograph of the eligible elector Financing Administration S.
	ANSWER ALL THE FOLLOWING QUigits of the Social Security Number:	JESTIONS; <u>IF NOT, PROVIDE COPY OF ID</u>
Step 5	RETURN THIS FORM AND A COPY Return this form and a copy of your ID, if 5:00 pm on November 12, 2024.	Y OF YOUR ID. f applicable, to the Washoe County Registrar of Voters before

Email: mailinballot@washoecounty.gov

Mail or delivery: 1001 East 9th Street, Reno, NV 89512

Fax: 775-328-3747

