REV 01-24-2020

COMISIÓN ESTATAL DE ELECCIONES

ABSENTEE VOTE ADMINISTRATIVE BOARD
PO BOX 192359
San Juan, Puerto Rico 00919
Phone (787) 777-8682 ext. 4018, 4106, 4100
(787) 777- 8357/ (787) 753-3660 / (787) 777-4059
www.ceepur.org – java@cee.pr.gov

FOR JIP USE ONLY

Estatus: ☐☐

Precinto: ☐☐☐

Unidad: ☐☐

☐ No es elector

FOR JAVA USE ONLY

Número de Control: ☐☐☐☐☐

PLEASE PRINT

REQUEST FOR ACCESSIBLE POLLING STATION AT THE DOMICILE

Electoral ID Number ☐☐☐☐☐☐☐☐☐☐

☐ I'm not a register voter that is why I don't have an electoral ID number.

Last Name

Surname

Name

Middle Initial

Birth Date (Day / Month / Year)

Gender ☐ F ☐ M

Place of Birth

Person with disabilities
☐ Blind
☐ Other: _____

Father / Mother's name

Mother / Father's name

Residential Address
Street. lot, building number, apartment, or unit

Place, or community

Municipality

Postal Address
Street. lot, building number, apartment, or unit;
PO Box, HC o RR

Place, or community

Municipality

Zip Code + 4 ___ ___ ___ ___ ___ - ___ ___ ___ ___

Cell Phone ( )

Residential Phone ( )

E-mail

☐☐ / ☐☐ / 2 0 2 0
DAY MONTH

APPLICANT SIGNATURE OR MARK

SIGNATURE OF WITNESS (if applicant is unable to sign)

DATE

☐ I declare that I am signing this application as a witness because applicant is unable to sign.

MEDICAL CERTIFICATION

I, Dr. _____ , license number ☐☐☐☐☐
PHYSICIAN'S NAME

I certified that Mr(s). _____ , shows a problem of mobility or is
APPLICANT'S NAME

embedded for some type of medical condition that prevents him from attending his polling station.

☐☐ / ☐☐ / 2 0 2 0
DAY MONTH

PHYSICIAN'S SIGNATURE

DATE

THIS APPLICATION MUST BE DELIVERED TO THE CEE BY FRIDAY,

VERIFICACIÓN DE LA COMISIÓN LOCAL

☐ Se autoriza a grabar la transacción de solicitud de fácil acceso en el domicilio.

☐ Se autoriza a grabar la transacción de solicitud de fácil acceso en el domicilio, luego de:

☐ inscribir al solicitante.

☐ subsanar deficiencias en la solicitud.

☐ reactivar, transferir o reubicar en la unidad electoral: ☐☐

Nota: La solicitud será enviada a la JAVA mediante fax al (787) 777-8358 o (787) 294-3120 una vez grabada.

CERTIFICACIÓN DE LA COMISIÓN LOCAL

FIRMA DEL PRESIDENTE(A) DE LA COMISIÓN LOCAL

FIRMA DEL COMISIONADO LOCAL PRIMER PARTIDO

FIRMA DEL COMISIONADO LOCAL SEGUNDO PARTIDO

FIRMA DEL COMISIONADO LOCAL TERCER PARTIDO