

**APPLICATION FOR ABSENTEE BALLOT**

C.R.S.1-13.5-1001, et seq

**IMPORTANT!**

- **Application must be filed by 2:00 p.m., Tuesday, April 29, 2025.**
- **Absentee ballot must be received by Election Judge or Designated Election Official by 7:00 p.m. on Election Day, May 6, 2025, to be counted.**

To the Designated Election Official of the Salida Hospital District:

I, \_\_\_\_\_, whose birth year is \_\_\_\_\_, am an eligible elector of the Salida Hospital District, State of Colorado.

I am eligible by virtue of:  Being a resident of the district, with an elector **residence** address of:

\_\_\_\_\_  
(Address) (City), (County), CO (Zip)

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: \_\_\_\_\_  
(Address) (City), (County), CO (Zip)

**Mail absentee ballot to this 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 May 6, 2025.

\_\_\_\_\_  
(\*Signature) (Date)

**Application shall be signed personally by the applicant.**

**This application may be mailed to:** Salida Hospital District, P.O. Box 1164, Salida, CO 81201; ATTN: Designated Election Official

← 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.