



# Ballot Pick Up Authorization Form

I \_\_\_\_\_, give permission to \_\_\_\_\_  
(Print Voter Name) (Designee Pick Up Print Name)  
to pick up my ballot and deliver it to me.

## Voter Information – all information is required

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Oregon residence address City Zip Code

\_\_\_\_\_  
Date of Birth (month/day/year)

\_\_\_\_\_  
Signature Date

**Office Use Only**

Checked valid form of ID.

Ballot picked up for delivery to voter by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Stamp:

If you need assistance or have any questions, please feel free to call us at 503.988.8683.

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