

# QUALIFIED VOTER AND RESIDENCY AFFIDAVIT

Please email this application by September 15, 2021 to Dee Markham at [dee.markham@west-mec.org](mailto:dee.markham@west-mec.org)

**Please Print:**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Name at birth if different: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date/Place of Naturalization: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby swear and affirm, under the penalties for voting fraud, that I am in possession of some or all of the documents necessary to prove my identity, citizenship, and age, and that I am the identical person whom I represent myself to be, that I am a duly qualified voter in the State of Arizona, that I am at least 18 years of age, that I am a United States citizen, and that I have lived in the West-MEC boundary for District #1 for one full year. To the best of my knowledge and belief the information above is true and correct.

\_\_\_\_\_  
Signature of Applicant

On the date shown above, before me, \_\_\_\_\_ appeared

\_\_\_\_\_, known to be the person whose name appears above, and he or she subscribed his or her name to the foregoing affidavit and swore that the facts contained in this affidavit are true to the best of his or her knowledge and belief.

State of Arizona  
County of Maricopa

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

Notary Stamp