



# Clallam County Auditor's Office

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## SEASONAL ADDRESS APPLICATION

I, \_\_\_\_\_, hereby declare that I am a registered voter at:

\_\_\_\_\_  
Street City Zip

**My Mailing Address when I am not at my Seasonal Address is (if different from above):**

\_\_\_\_\_  
Street or POB City State or Country Zip

**My Seasonal Mailing Address where I would like my ballot sent to is:**

\_\_\_\_\_  
Street or POB City State or Country Zip

Leave Date \_\_\_\_\_  
month day year

Return Date \_\_\_\_\_  
month day year

**This application is for:**

A one-time Seasonal address \_\_\_\_\_

A reoccurring Seasonal address \_\_\_\_\_

Birth date \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_

Email (optional) \_\_\_\_\_

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