



**INACTIVE VOTER BALLOT REQUEST AFFIDAVIT**

**CITY OF COLORADO SPRINGS**

**GENERAL MUNICIPAL MAIL BALLOT ELECTION**

**April 1, 2025**

**Send the completed application to one of the following locations:**

- a) **OFFICE OF THE CITY CLERK**  
30 South Nevada Avenue, Suite 101  
Colorado Springs, CO 80903
- b) **FAX to (719) 385-5114**
- c) **E-mail to elections@coloradosprings.gov**

OFFICE USE ONLY	
VOTER ID _____	
PCT/BALLOT ISSUED _____ / _____	
DATE _____	INITIALS _____

I (print name), \_\_\_\_\_, whose name appears on the voter records of the El Paso County Clerk & Recorder as “inactive”, request a mail ballot packet for the April 1, 2025 General Municipal Mail Ballot Election.

Current Colorado Springs Resident Address:

\_\_\_\_\_  
(Address) (Apartment/Unit Number) (City/Town) (State) (ZIP Code)

Previous Colorado Springs Resident Address:

\_\_\_\_\_  
(Address) (Apartment/Unit Number) (City/Town) (State) (ZIP Code)

Date of Move/Residence Change: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I solemnly swear or affirm that I have not and will not cast any ballot in this election except by voting this mail ballot.

\_\_\_\_\_  
Elector’s Signature

\_\_\_\_\_  
Date

**In order for your ballot to be counted, it must be received by 7:00 PM, Tuesday, April 1, 2025**