

## IOWA DEMOCRATIC PARTY REQUEST FORM

Use this form to request a presidential preference card for the 2024 Iowa Democratic Caucus

						Democra	atic Caucus	
Your Name and Date of Birth	1	Last:			Suffix:			
		First:			Middle			
		Date of Birth	(MM, D	D, YYYY)	/	/		
Contact Information	2	Phone:						
		Email:						
		I would like to receive information from the Iowa Democratic Party including volunteer opportunities.						
Iowa Residential Address	3	Address (no P.O. Boxes):						
		Unit Number	:	City:	State:		Zip:	
Mailing Address (if different than above)	4	Mailing Address/P.O. Box:						
		Unit Number	:	City:	State:	-	Zip:	
				-			·	
Requestor Affidavit	5	<ul> <li>I swear or affirm under penalty of perjury that:</li> <li>I am the person named above</li> <li>I will be eligible to vote in the November 5, 2024 general election</li> <li>I am a citizen of the United States</li> <li>I do not claim the right to vote anywhere else</li> <li>I have never been convicted of a felony OR my right to vote has been restored by the Governor, including through Executive Order, after a felony conviction</li> <li>I am a registered Democrat as of February 19, 2024</li> <li>I am not currently judged by a court to be "incompetent to vote"</li> <li>I will not participate in a caucus of any other political party for this presidential nomination election</li> <li>I live at the residential address I listed above WARNING If you sign this form and you know the information is not true, you may be convicted of perjury and fined up to \$10,245 and/or jailed for up to 5 years</li> </ul>						
		SIGNATURE:	X			Date	:	

This form must be received by 5 PM on <u>February 19, 2024</u> to the Iowa Democratic Party at: 5661 Fleur Drive Des Moines, Iowa 50321 or preferencecardrequest@iowademocrats.org Have questions or want to request by phone? Call 515-216-3893