Application for Absentee Ballot
June 11, 2019
School Budget Validation Referendum
and Special Municipal Referendum

Application Received
(Date/Time)
Ballot Sent/Delivered
(Date/Time)

An absentee ballot **request** must be received by the Municipal Clerk
by the close of business on **Thursday, June 6**, **2019**
unless special circumstances exist.
Voted absentee ballots must be received by the Municipal Clerk by <u>8 p.m. on June 11, 2019</u>.

1. Full Name of Registered Voter Requesting the Ballot _____

2. Residence Address of Voter _____

3. Voter's Date of Birth ___ ___ / ___ ___ / ___ ___ ___ ___
                       m m   d d   y y y y

4. Daytime Phone Number (optional) _____

5. Method of Delivery of Ballot to the Voter

    ☐ In Person (Application Required Only if Voter will vote outside the Municipal Clerk's Presence)

    ☐ By Mail to this Address _____

    ☐ By Immediate Family Member of Voter

       Designated Here _____
                        (Name)   (Relationship to Voter)
    ☐ By this 3rd Person (Designated by the Voter) _____
                                      (Name)   (Telephone #)

6. Signature of Voter *OR*
Immediate Family Member of Voter _____ Date _____

7. Signature of Immediate Family Member Returning the Ballot _____

Note: If an immediate family member of the voter is completing this application, the relationship to the voter must be provided in 5(c) above. The absentee ballot can be delivered to the immediate family member in person or mailed to the address provided in 5(b).

Relationship to Voter _____
                    (Complete Section #7 Only if Ballot was Delivered to the Voter or a Different Immediate Family Member of the Voter)

<u>**AIDE CERTIFICATE**</u> **(Must be Completed if Applicant was Assisted as Designated Below)**

If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate.
I helped this voter: ☐ read the application ☐ sign the application ☐ read and sign the application

Signature of Aide _____ Printed Name of Aide _____

DO NOT ENCLOSE THIS APPLICATION WITH THE VOTED BALLOT