Application for Absentee Ballot
Tuesday, June 11, 2019
SCHOOL BUDGET VALIDATION REFERENDUM ELECTION

An absentee ballot request must be received by the Municipal Clerk by the close of business on **Thursday, June 6, 2019**.
Voted absentee ballots must be received by the Municipal Clerk by **8 p.m. on Tuesday, June 11, 2019.**

Application Received
(Date/Time)

Ballot Sent/Delivered
(Date/Time)

1. Full Name of Registered Voter Requesting the Ballot _____

2. Residence Address of Voter _____ _____
(Street Address) (Municipality)

3. Voter's Date of Birth __ __ / __ __ / __ __ __ __ (m m d d y y y y) Party Affiliation _ _ Unenrolled _ __

4. Daytime Phone Number (optional) _____

5. Method of Delivery of Ballot to the Voter

   a. Issued to Voter (Application Required if Voter will Vote **Outside the Municipal Clerk's Presence**)

   b. By Mail to this Address _____

   c. By Immediate Family Member of Voter

      Designated Here _____ _____
      (Name) (Relationship to Voter)

   d. By this 3rd Person (Designated by the Voter) _____ _____
      (Name) (Telephone #)

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

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).

7. Signature of Immediate Family Member Returning the Ballot _____

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

AIDE CERTIFICATE (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 _____