

Application for Absentee Ballot June 11, 2024 Primary Election

Absentee ballots will become available and will be provided to voters beginning in early May.

Application Received					
(Date/Time)					

Ballot Sent/Delivered (Date/Time)

Enrollment	

An absentee ballot request must be received by the Municipal Clerk by the close of business on **Thursday**, **June 6**, **2024**, unless special circumstances exist.

Voted absentee ballots must be received by the Municipal Clerk by 8 p.m. on June 11, 2024.

l. I	Full Name of Registered Voter Requesting the	e Ballot					
2. I	Residence Address of Voter	(Street Address)		(Municipality)			
				(Municipality)			
3. Y	Voter's Date of Birth						
1. (Contact Information — Please complete. Clerk will use only to notify the voter if there is a problem with the application or ballot.						
I	Daytime Phone Number	Email	Address				
Ţ	Ballot requested : A voter not enrolled in a politerarty. An unenrolled voter may vote in only one pallot. NOTE: A voter enrolled in a party will reco	orimary election. Indic	ate the party for v	which you want to receive a			
	☐ Democratic ☐ Green Independent	☐ Libertarian	☐ No Labels	☐ Republican			
5. I	Method of Delivery of Ballot to the Voter						
a.	☐ Issued to Voter (Application Required if voter w	ill vote Outside the Muni	cipal Clerk's Presen	ce)			
1	_		-				
b.	☐ By Mail to this Address						
c.	\square By Immediate Family Member of Voter	Designated Below:					
	(Name)	(Relationship to Voter)					
d.	☐ By this 3rd Person (Designated by the Voter))					
		(N	ame)	(Telephone #)			
. S	Signature of Voter OR Immediate Family Me	mber of Voter		Date			
Ţ	Note: If an immediate family member of the voter provided in 6(c) above. The absentee ballot can be ddress provided in 6(b).						
3. \$	Signature of Immediate Family Member Retu	rning the Ballot					
Į	Relationship to Voter						
1	(Complete Section #8 Only in	f Ballot was Delivered to the	Voter or a Different Imm	ediate Family Member of the Voter)			
	AIDE CEDEUCATE OF A	C 14 110 A 11					
1	AIDE CERTIFICATE: (Must be f the voter received assistance in reading and			_			
	omplete and sign this certificate.	or signing time upp	reacton, the pers	on who assisted the voter mast			
	helped this voter: \square read the application	☐ sign the appli	cation 🗆 read	l and sign the application			
5	Signature of Aide	Printed Name	of Aide				