

**(All voters including military and overseas voters must now submit a new request for absentee ballots each year.)  
(SUBMIT DIRECTLY by fax, email or mail to the Town Clerk of the town in which you are on the voter checklist.)**

Voter's Name: \_\_\_\_\_ (First, Middle, Last Name)

Voter's Current Mailing Address: \_\_\_\_\_

Voter's Town of Residence: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Contact Only - NOT for Ballot Delivery)

**I request early absentee voter ballot(s) for the election(s) checked below: (select Pres. Primary in Presidential Election years)**

☐ Annual Town Meeting    ☐ All other local elections    ☐ August Primary Election  
 Presidential Primary (1st Tuesday in March) **YOU MUST SELECT PARTY:**    ☐ November General Election  
☐ Democratic Ballot    ☐ Republican Ballot

**Please deliver the ballot(s) as indicated below (check one):**

☐ Mail to voter at:

Street or PO Box	Town/City	State	Zip Code
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☐ Deliver by two Justices of the Peace. (This may only be selected if you are ill or physically disabled.)

**Signature of Absentee Voter or Authorized Person**

Date \_\_\_\_\_

## For Clerks

☐ Voted at town clerk's office

Date Request Received:

**Use Only:**

☐ Ballot picked up at town clerk's office

Date Ballot Mailed: \_\_\_\_\_

Date Ballot Returned: \_\_\_\_\_

Check one: ☐ Military (Active in U.S. or overseas) ☐ Overseas voter (not military)

Voter's Name: \_\_\_\_\_ (First, Middle, Last Name)

Voter's VT Town of Residence (before joining military or moving overseas): \_\_\_\_\_

**I request early absentee voter ballot(s) for the election(s) checked below:**

☐ Annual Town Meeting
 ☐ August Primary Election  
 Presidential Primary (1st Tuesday in March) **YOU MUST SELECT PARTY:**
☐ November General Election  
 (select Pres. Primary in Presidential Election years)
 ☐ Democratic Ballot
 ☐ Republican Ballot

**Please deliver the ballot(s) and all election materials as indicated below (check one):**

☐ E-mail Address: \_\_\_\_\_ (Blank ballot will be delivered by e-mail to the voter. All voted ballots must be mailed or sent by a delivery service to the town clerk.)

☐ Fax to fax number: \_\_\_\_\_ (You must provide country codes and all other codes or numbers necessary to fax successfully to the number provided from a VT telephone.)

☐ Regular mail delivery to: (Print exactly as necessary to complete delivery to you.)

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IF YOUR INFORMATION for the delivery method selected above CHANGES during the year, you must notify your town clerk of your new contact or delivery information in order to receive your ballots.

**Signature of Absentee Voter or Authorized Person**

Date \_\_\_\_\_

**IF YOU ARE REQUESTING A BALLOT FOR SOMEONE OTHER THAN YOURSELF,** you **must** complete the information below: (family member, health care provider, or person authorized by the absentee voter):

Name of Requestor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name (if applicable):

Address of Requestor:

Relationship to Voter (check one): ☐ Family member ☐ Health care provider ☐ Person authorized by voter

## Civilians Living in the U.S.

## Military and Overseas Voters

Please Note: