

**REQUEST FOR EARLY ABSENTEE VOTER BALLOT (VALID for ONE CALENDAR YEAR)**  
**(All voters must submit a new request for absentee ballots each year.)**  
**(SUBMIT DIRECTLY to the Town Clerk of the town in which you are on the voter checklist.)**

**Voter Name**  
**Required**

1

First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_ Suffix \_\_\_\_\_

Former Name (if applicable) \_\_\_\_\_

**Other Contact Info**  
**If applicable**

2

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Legal Address where you are Registered to Vote**  
**Required** must be your town of Residence

3

Street Address (no P.O. boxes) \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

**Mailing Address**

**Required** only if you wish to have your ballot mailed to a different address than the address at which you're registered to vote.

4

Street Address (or P.O. box) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

**Election**  
**Required**

5

Date Range Request: \_\_\_\_\_ to \_\_\_\_\_ (within a calendar year)  
MM/ DD/ YYYY MM/ DD/ YYYY

☐ Annual Town Meeting ☐ All Local Elections

☐ Presidential Primary Election (You Must Select a Party) ☐ Democratic Ballot ☐ Republican Ballot

☐ General Election ☐ Primary Election

**Military, Civilian Overseas, Ill or with Disability Voters**

**If Applicable**

6

Check one: ☐ Military (Active in U.S. or overseas) ☐ Overseas voter ☐ Ill or with Disability

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

☐ Email Address: \_\_\_\_\_ (Ballots cannot be returned electronically)

☐ Fax Number: \_\_\_\_\_

☐ Mail: \_\_\_\_\_

☐ Deliver by two Justices of the Peace (This can only be selected if you are ill or physically disabled.) Phone number: \_\_\_\_\_

**Signature**

7

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**Signature of Voter or Authorized Person**

**IF YOU ARE REQUESTING A BALLOT FOR SOMEONE OTHER THAN YOURSELF, you must complete the information below:**

**Relationship to Voter:** ☐ Family member ☐ Health care provider ☐ Person authorized by voter

Name of Requestor: \_\_\_\_\_ Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_ Phone number: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

**For Clerk Use Only:** ☐ Voted in Office

☐ Ballot picked up at clerk's office

**Date of Request:** \_\_\_\_\_

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

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