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.)

			Ballot Returned Date	
		Ballot picked up at clerk's office	Ballot Mailed Date: _	
For Clerk Use Only:		Voted in Office	Date of Request:	
Address of Requestor:				
Organization Name (if applical	ble):		Phone numl	ber:
		Signature (Required):		
Relationship to	Voter:	Family member Health care provider	Person authorized by v	voter
IF YOU ARE RE	QUEST	ING A BALLOT FOR SOMEONE OTHER THAN Y	OURSELF, you must comple	ete the information below:
	7	Signature of Voter or Authorized Person		
	7	Date:		
Signature				
		Deliver by two Justices of the Peace (This can	only be selected if you are ill or physica	ally disabled.) Phone number:
	6	☐ Fax Number: ☐ Mail:		
Voters If Applicable		Email Address:		
Overseas, III or with Disability		Please deliver the ballots(s) and all election materials as indicated below (check one):		
Military, Civilian		Check one: Military (Active in U.S. or oversea	as)	☐ III or with Disability
			/ Election	
	5	 □ Annual Town Meeting □ All Local Elections □ Presidential Primary Election (You Must Select a Party) □ Democratic Ballot □ Republican Ballot 		
		MM/ DD/YYYY MM/ DD/YYYY ☐ Annual Town Meeting ☐ All Local Elections		
Election Required		Date Range Request:		
		StateZIP		
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	City		
		Street Address (or P.O. box)		
Mailing Address	3	Out of Allin and a second		
Registered to Vote Required must be your town of Residence		City		ZIP
Legal Address where you are	3	Street Address (no P.O. boxes)		State
Other Contact Info If applicable	2	Phone Number	Email	
Other Contact Info		Former Name (if applicable)		
				Suffix
Required	1			Middle
Voter Name		First		Middle