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 D	
		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 applica	ble):		Phone no	umber:
		Signature (Required):		Date:
Relationship to		☐ Family member ☐ Health care provider		
IF YOU ARE RE	QUEST	ING A BALLOT FOR SOMEONE OTHER THAN Y	OURSELF, you must com	pplete the information below:
	7	Signature of Voter or Authorized Person		
	7	Date:		
Signature				
				ysically disabled.) Phone number:
Voters If Applicable	6	☐ Fax Number: ☐ Mail:		
		Email Address:		
Overseas, III or with Disability		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):		
Military, Civilian			-	☐ III or with Disability
		_ ,	y Election	Democratic Ballot 📋 Republican Ballot
Required	5	MM/ DD/ YYYY Annual Town Meeting All Local Elections Presidential Primary Election (You Must Select a Party) Democratic Ballot Republican Ballot		
Election		Date Range Request:		(within a calendar year)
		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)		
town of Residence Mailing Address	3			
Registered to Vote Required must be your				 ZIP
Legal Address where you are		Street Address (no P.O. boxes)		State
Other Contact Info If applicable	2	Phone Number	Email	
		Former Name (if applicable)		
	•	Last		Suffix
Voter Name Required	1	First		Middle