

**Application for Absentee Ballot**

##### June 11, 2019 Special Election

##### State Representative District 45

An absentee ballot request must be received by the Municipal Clerk

by the close of business on **Thursday, June 6, 2019**,

unless special circumstances exist.

|  |
| --- |
| **Application Received**  **(Date/Time)**  **Ballot Sent/Delivered**  **(Date/Time)** |

Voted absentee ballots must be received by the Municipal Clerk by **8 p.m. on June 11, 2019.**

1. Full Name of Registered Voter Requesting the Ballot
2. Residence Address of Voter

(Street Address) (Municipality)

1. Voter’s Date of Birth \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

m m d d y y y y

1. Daytime Phone Number (optional)
2. Method of Delivery of Ballot to the Voter

a. □ Issued to Voter (Application Required if Voter will Vote **Outside the Municipal Clerk’s Presence**)

b. □ By Mail to this Address

c. □ By Immediate Family Member of Voter

Designated Here

(Name) (Relationship to Voter)

d. □By this 3rd Person (Designated by the Voter)

(Name) (Telephone #)

1. Signature of Voter *OR*

###### Immediate Family Member of Voter Date

**Note:** If an immediate family member of the voter is completing this application, the relationship to the voter must be provided in 5(c) above. The absentee ballot can be delivered to the immediate family member in person or mailed to the address provided in 5(b).

1. Signature of Immediate Family Member Returning the Ballot

Relationship to Voter

(Complete Section #7 Only if Ballot was Delivered to the Voter or a Different Immediate Family Member of the Voter)

**AIDE CERTIFICATE (Must be Completed if Applicant was Assisted as Designated Below)**

If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate.

**I helped this voter: 🞏 read the application 🞏 sign the application 🞏 read and sign the application**

Signature of Aide Printed Name of Aide