

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 **Date of Request:** _____
 Ballot picked up at clerk's office **Ballot Mailed Date:** _____
Ballot Returned Date: _____