

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

Signature of Voter or Authorized Person **Date:** _____

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: _____