



**Application for Absentee Ballot**  
**March 3, 2020**  
**Presidential Primary/Special Referendum Election**

**Application Received**

(Date/Time)

**Ballot Sent/Delivered**

(Date/Time)

An absentee ballot request must be received by the Municipal Clerk by the close of business on **Thursday, February 27, 2020**, unless special circumstances exist.

Voted absentee ballots must be received by the Municipal Clerk by **8 p.m. on March 3, 2020**.

1. Full Name of Registered Voter Requesting the Ballot \_\_\_\_\_

2. Residence Address of Voter \_\_\_\_\_  
(Street Address) (Municipality)

3. Voter's Date of Birth    /    /     
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4. Daytime Phone Number (optional) \_\_\_\_\_

5. 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 3<sup>rd</sup> Person (Designated by the Voter) \_\_\_\_\_  
(Name) (Telephone #)

6. 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).

7. 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 \_\_\_\_\_