TOWN OF BOOTHBAY HARBOR APPLICATION FOR ABSENTEE BALLOT BOOTHBAY-BOOTHBAY HARBOR COMMUNITY SCHOOL DISTRICT APRIL 24, 2025 REFERENDUM ELECTION

Application Received (Date/Time)

Ballot Sent/Delivered (Date/Time)

(A Special Circumstances Application is required after the 3rd business day before election day)

MAINE ELECTION LAW PERMITS ANY REGISTERED VOTER TO CAST AN ABSENTEE BALLOT AT ANY ELECTION

2. Residence Address of Voter:	1.	Full Name of Registered Voter Requesting the Ballot:
4. Daytime Phone Number (optional): 5. If the Registered Voter is a uniformed services voter or overseas voter covered by the federal Uniformed ar Overseas Citizens Absentee Voting Act, 52 United States Code, Chapter 203, check here: 6. Party affiliation of the Registered Voter, if any: 7. Method of Delivery of Ballot to the Voter: 8. In Person (Application Required Only if Voter will vote outside the Municipal Clerk's Presence) 8. By Immediate Family Member of Voter Designated here: 8. Signature of Voter OR Immediate Family Member of Voter 9. (Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter Signature of Immediate Family Member Returning the Ballot: 8. Relationship to Voter: 8. AIDE CERTIFICATE (Must be Completed if Applicant was Assisted as Designated Below) 1. If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate. 1. I helped this voter: 1. read the application	2.	Residence Address of Voter: Town of Boothbay Harbor
5. If the Registered Voter is a uniformed services voter or overseas voter covered by the federal Uniformed ar Overseas Citizens Absentee Voting Act, 52 United States Code, Chapter 203, check here: 6. Party affiliation of the Registered Voter, if any: 7. Method of Delivery of Ballot to the Voter: 8	3.	Voter's Date of Birth: / (if application by telephone request)
Overseas Citizens Absentee Voting Act, 52 United States Code, Chapter 203, check here:	4.	Daytime Phone Number (optional):
7. Method of Delivery of Ballot to the Voter: In Person (Application Required Only if Voter will vote outside the Municipal Clerk's Presence) By Mail to this Address: By Immediate Family Member of Voter Designated here: (Name) (Relationship to Voter) By this 3rd Person: (Designated by the Voter in an application signed by the Voter) (N/A for telephone applications.) Relationship to Voter OR Immediate Family Member of Voter (Name of Immediate Family Member, if applicable) (Relationship to Voter, if applicable) (Date) (Omplete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter Signature of Immediate Family Member Returning the Ballot: Relationship to Voter:	5.	
□ In Person (Application Required Only if Voter will vote outside the Municipal Clerk's Presence) □ By Mail to this Address: □ By Immediate Family Member of Voter Designated here: □ By this 3 rd Person: (Designated by the Voter in an application signed by the Voter) □ By this 3 rd Person: (Designated by the Voter in an application signed by the Voter) □ (N/A for telephone applications.) 8. Signature of Voter OR Immediate Family Member of Voter □ (Name of Immediate Family Member, if applicable) □ (Relationship to Voter, if applicable) □ (Date) 9. (Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter Signature of Immediate Family Member Returning the Ballot: □ Relationship to 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.	6.	Party affiliation of the Registered Voter, if any:
By Mail to this Address: By Immediate Family Member of Voter Designated here: (Name) (Relationship to Voter) (N/A for telephone applications.) By this 3 rd Person: (Designated by the Voter in an application signed by the Voter) (N/A for telephone applications.) Signature of Voter OR Immediate Family Member of Voter (Name of Immediate Family Member, if applicable) (Relationship to Voter, if applicable) (Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter Signature of Immediate Family Member Returning the Ballot: Relationship to 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.	7.	Method of Delivery of Ballot to the Voter:
By Immediate Family Member of Voter Designated here: Name Relationship to Voter		☐ In Person (Application Required Only if Voter will vote outside the Municipal Clerk's Presence)
By this 3 rd Person: (Designated by the Voter in an application signed by the Voter)		☐ By Mail to this Address:
(Name of Immediate Family Member, if applicable) (Relationship to Voter, if applicable) (Date) (Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter Signature of Immediate Family Member Returning the Ballot: Relationship to 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.		(Name) (Relationship to Voter) By this 3 rd Person: (Designated by the Voter in an application signed by the Voter)
9. (Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter Signature of Immediate Family Member Returning the Ballot: Relationship to 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.	8.	Signature of Voter OR Immediate Family Member of Voter
Signature of Immediate Family Member Returning the Ballot: Relationship to 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.		(Name of Immediate Family Member, if applicable) (Relationship to Voter, if applicable) (Date)
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.	9.	(Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter) Signature of Immediate Family Member Returning the Ballot:
(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.		Relationship to Voter:
Signature of Aide Printed Name of Aide	this	(Must be Completed if Applicant was Assisted as Designated Below) he voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign certificate.
	_	Signature of Aide Printed Name of Aide

WARNING:

A PERSON WHO FALSELY COMPLETES, SIGNS OR ALTERS AN ABSENTEE BALLOT APPLICATION OR ENVELOPE, OR BY DECEPTION CAUSES ANOTHER TO DO SO, HAS COMMITTED FORGERY (A CLASS C OR D CRIME UNDER MAINE LAW)

DO NOT ENCLOSE THIS APPLICATION WITH THE VOTED BALLOT