Application for Absentee Ballot

June 11, 2019

Budget Validation Referendum
School Administrative District No. 11

OFFICE USE ONLY
Date/Time
Application Received _____________
Ballot Sent _____________________
Ballot Returned _________________

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

If the voter received assistance completing 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 ___________________________________________

An absentee ballots must be received by the Municipal Clerk by the close of business on Thursday, June 6, 2019, unless special circumstances exist.

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) __________________

3. Voter’s Date of Birth ___ ___ / ___ ___ / ___ ___ ___ ___
   m m d d y y y y

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 3rd Person (Designated by the Voter) ___________________________________________
      (Name) ____________________________ (Telephone #) _____________

6. Signature of Voter OR Immediate Family Member of Voter
   ___________________________________________________________ Date _________________________

Note: If 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)