APPLICATION FOR ABSENTEE BALLOT

NOTE: A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

ALL VOTERS FILL OUT HERE

(PLEASE PRINT NAME)

(HOME ADDRESS)

(CITY) (STATE) (ZIP CODE)

(DATE OF BIRTH)

MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS

(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

I HEREBY APPLY FOR AN ABSENTEE BALLOT FOR THE FOLLOWING REASON

☐ ABSENCE FROM THE MUNICIPALITY
COMPLETE SECTION A

☐ ILLNESS OR PHYSICAL DISABILITY
COMPLETE SECTION B

ABSENCE COMPLETE HERE

SECTION A — ABSENCE FROM THE MUNICIPALITY

I declare that I am eligible to vote absentee at the forthcoming primary or election since I expect that my duties occupation or business will require me to be absent from the municipality on the day of the primary or election for the reason stated below, and that all of the information which I have listed on this absentee ballot application is true and correct

(INSERT REASON FOR ABSENCE HERE)

(DATE) (SIGNATURE OF ELECTOR)

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE

SECTION B — ILLNESS OR PHYSICAL DISABILITY

I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below, that the information required to be listed pertaining to my attending physician is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct

(INSERT ILLNESS OR DISABILITY HERE)

(NAME OF PHYSICIAN)

(DATE) (SIGNATURE OF ELECTOR)

IF UNABLE TO SIGN COMPLETE REVERSE SIDE

WARNING — IF YOU ARE ABLE TO VOTE IN PERSON ON ELECTION DAY, YOU MUST GO TO YOUR POLLING PLACE, VOID YOUR ABSENTEE BALLOT AND VOTE THERE.