



# Application for Absentee Ballot

## June 11, 2019

### Annual Town Meeting Election & Referendum

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, June 6<sup>th</sup>, 2019, unless special circumstances exist.

Voted absentee ballots must be received by the Municipal Clerk by 8 pm on June 11, 2019.

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

2. Residence Address of Voter \_\_\_\_\_

3. Voter's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Daytime Phone Number (optional) \_\_\_\_-\_\_\_\_-\_\_\_\_

5. Method of Delivery of Ballot to the Voter

a.  Issued to Voter (Application only Required if Voter will Vote Outside the Municipal Clerk's Presence)

b.  By Mail to this Address: \_\_\_\_\_

c.  By Immediate Family Member of Voter: \_\_\_\_\_  
(name of family member and relationship)

d.  By this 3<sup>rd</sup> Person (Designated by the Voter) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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)** 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 \_\_\_\_\_

Application may be mailed to: Readfield Town Office, 8 Old Kents Hill Rd., Readfield, ME 04355