

## Application for Absentee Ballot February 25, 2025 Special Election State Representative District 24

Absentee ballots will become available and will be provided to voters beginning in mid-January.

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 20**, **2025**, unless special circumstances exist.

Voted absentee ballots must be received by the Municipal Clerk by 8 p.m. on February 25, 2025.

1.	Full Name of Registered Voter Requesting the Ballot	
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	Residence Address of Voter	(Municipality)
3.	Voter's Date of Birth $\underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} \underline{\qquad} $	
4.	Contact Information – Please complete. Clerk will use only to notify the voter if there is a problem	lem with the application or ballot.
	Daytime Phone Number	
	Email Address	
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. D By Mail to this Address	
	c. D By Immediate Family Member of Voter	
	Designated Here	
	(Name)	(Relationship to Voter)
	d. By this 3 <sup>rd</sup> Person (Designated by the Voter)	(Telephone #)
6.	Signature of Voter OR	Date
	<b>Note:</b> If an immediate family member of the voter is completing this application, the reprovided in $5(c)$ above. The absentee ballot can be delivered to the immediate family not the address provided in $5(b)$ .	
7.	Signature of Immediate Family Member Returning the Ballot	_
	Relationship to Voter	mediate Family Member of the Voter)
	AIDE CERTIFICATE (Must be Completed if Applicant was Assisted	as Designated Below)
	he voter received assistance in reading and/or signing this application, the person nplete and sign this certificate.	
	elped this voter: $\Box$ read the application $\Box$ sign the application $\Box$ rea	ad and sign the application
Signature of Aide Printed Name of Aide		