



**SCHOOL BUDGET VALIDATION  
REFERENDUM ELECTION AND  
SPECIAL MUNICIPAL ELECTION  
Application for Absentee Ballot  
Tuesday, June 11, 2019**

<u>Application Received</u> (Date/Time)
<u>Application Sent</u> (Date/Time)

State election law requires an absentee voter to complete this application if the voter's request is received by the Clerk after Thursday, June 6, 2019. The voter must meet one of the special circumstances allowed by law and indicate the reason on this application. The voter must complete and sign this application before a ballot will be issued.

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

2. Residence Address of Voter \_\_\_\_\_, Scarborough  
[Street Address]

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

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

5. Method of Delivery of Ballot to Voter:

Issued to Voter

By Mail to this Address \_\_\_\_\_

By Immediate Family Member of Voter:

Designated Here \_\_\_\_\_  
[Name] [Relationship to Voter]

By this 3<sup>rd</sup> Person [designated by the voter] \_\_\_\_\_  
[Name] [Telephone #]

6. Voter must check the applicable box below indicating the reason for this after deadline request:

I will be absent from my municipality of residence **unexpectedly** during the entire time the polls are open on election day.

I have a physical disability.

I am unable to leave my home or treatment facility due to an incapacity or illness; **or**

I am a resident of a coastal island ward or precinct and am unable to travel to the Polls.

**I certify, under penalty of law, that the information provided on this application is true.**

7. Signature of Voter \_\_\_\_\_ Date \_\_\_\_\_

8. If ballot is returned by an Immediate Family Member, the family member must sign and indicate relationship.

Signature of Family Member \_\_\_\_\_ Relationship to Voter \_\_\_\_\_

**AIDE CERTIFICATE (Must be completed if Application 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

Signature of Aide \_\_\_\_\_ Printed Name of Aide \_\_\_\_\_