



**SCHOOL BUDGET VALIDATION
REFERENDUM
Application for Absentee Ballot
Tuesday, September 5, 2017**

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

An absentee ballot request must be received by the Municipal Clerk by the close of business on **Thursday, August 31, 2017**, unless special circumstances exist.

Voted absentee ballots must be received by the Municipal Clerk by 8:00 p.m. on September 5, 2017

- Full Name of Registered Voter Requesting the Ballot _____
 - Residence Address of Voter _____, Scarborough
[Street Address]
 - Voter's Date of Birth ____/____/____
 - Daytime Phone Number (optional) _____
 - Method of Delivery of Ballot to Voter:
 - Issued to Voter (Application Required if Voter will Vote **Outside the Municipal Clerk's Presence**)
 - By Mail to this Address _____
 - By Immediate Family Member of Voter:
 - Designated Here _____ [Name] _____ [Relationship to Voter]
 - By this 3rd Person [designated by the voter] _____ [Name] _____ [Telephone #]
 - 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 provide 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).
- Signature of Immediate Family Member Returning the Ballot _____
Relationship to Voter _____

<p><u>AIDE CERTIFICATE</u> (Must be completed if Application was Assisted as Designated Below)</p> <p>If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate.</p> <p>I helped this voter: <input type="checkbox"/> read the application <input type="checkbox"/> sign the application <input type="checkbox"/> read and sign the application</p> <p>Signature of Aide _____ Printed Name of Aide _____</p>
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