

Column "1"

**Please print legibly**

I request a ballot for the December 1, 2018 Election.

Full name: \_\_\_\_\_

Address that establishes your eligibility to vote:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Mail my ballot to this address, not to the one above:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***For Office use only***

Ballot type: \_\_\_\_\_

Mail  In-person  ID: \_\_\_\_\_

Date affidavit returned: \_\_\_\_\_

Voucher number: \_\_\_\_\_

Date ballot mailed: \_\_\_\_\_

Date ballot returned: \_\_\_\_\_

Section "A"

**This section does not have to be notarized!**

Complete this section if you cannot vote at your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election for the reason checked below and that the information contained herein is true.

**Check the appropriate box below:**

I am in the public service of the U.S. or of this State, or am a citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or am such person's spouse or dependents when residing with or accompanying the person, or am absent from this state because of illness or injury received while serving in the armed forces of the U.S.

I am in the armed forces of the U.S. or the Merchant Marine of the U.S., or attached to and serving with the armed forces of the U.S. in the American Red Cross or United Service Organizations.

I am sick or physically disabled.

Voter's signature: \_\_\_\_\_

Date: \_\_\_\_\_

My expected location on Election Day is: \_\_\_\_\_

Election Day phone number: \_\_\_\_\_

Section "B"

**This section does not have to be notarized!**

Complete this section if you cannot vote at your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election for the reason checked below and that the information contained herein is true.

**Check the appropriate box below:**

My business or occupation, including the business or occupation of providing care to a parent, spouse or that person's child who is living at home and requires constant care due to illness or injury.

I am absent from the municipality while on vacation.

I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.

My expected location on Election Day is: \_\_\_\_\_

Election Day phone number: \_\_\_\_\_

Voter's signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_

Notary: \_\_\_\_\_