REQUEST FOR EARLY ABSENTEE VOTER BALLOT
(All voters including military and overseas voters must now submit a new request for absentee ballots each year.)
(SUBMIT DIRECTLY by fax, email or mail to the Town Clerk of the town in which you are on the voter checklist.)

Civilians Living in the U.S.

FOR Civilian Voters Living in the U.S.:

Voter's Name:_____ (First, Middle, Last Name)

☐ Check if last name is different than when you registered to vote--Former Name: _____

Voter's Current Mailing Address: _____

Voter's Town of Residence: _____

Telephone Number: _____ Email Address: _____
(Contact Only - NOT for Ballot Delivery)

I request early absentee voter ballot(s) for the election(s) checked below:

☐ Annual Town Meeting ☐ August Primary Election
☐ Special Town Meeting: __/___/_____ ☐ November General Election
date

Please deliver the ballot(s) as indicated below (check one):

☐ Mail to voter at: _____
Street or PO Box Town/City State Zip Code

☐ Deliver by two Justices of the Peace (This may only be selected if you are ill or physically disabled.)

_____ _____
Signature of Absentee Voter or Authorized Person **Date**

For Clerks Use Only:
☐ Voted at town clerk's office
☐ Ballot picked up at town clerk's office
Date Request Received: _____
Date Ballot Mailed: _____
Date Ballot Returned: _____

Military and Overseas Voters

FOR Voters serving in the MILITARY (active U.S. or overseas) and OVERSEAS Voters:

Check one: ☐ Military (Active in U.S. or overseas) ☐ Overseas voter (not military)

Voter's Name:_____ (First, Middle, Last Name)

Voter's VT Town of Residence (before joining military or moving overseas): _____

I request early absentee voter ballot(s) for the election(s) checked below:

☐ Annual Town Meeting ☐ August Primary Election
☐ Special Town Meeting: __/___/_____ ☐ November General Election
date

Please deliver the ballot(s) and all election materials as indicated below (check one):

☐ E-mail Address: _____ (Blank ballot will be delivered by e-mail to the voter. All voted ballots must be mailed or sent by a delivery service to the town clerk.)

☐ Fax to fax number: _____ (You must provide country codes and all other codes or numbers necessary to fax successfully to the number provided from a VT telephone.)

☐ Regular mail delivery to: (Print exactly as necessary to complete delivery to you.)

_____
_____
_____
_____

IF YOUR INFORMATION for the delivery method selected above CHANGES during the year, you must notify your town clerk of your new contact or delivery information in order to receive your ballots.

_____ _____
Signature of Absentee Voter or Authorized Person **Date**

Please Note:

IF YOU ARE REQUESTING A BALLOT FOR SOMEONE OTHER THAN YOURSELF, you must complete the information below: (family member, health care provider, or person authorized by the absentee voter):

Name of Applicant: _____ Date: _____

Address of Applicant: _____
Street Town/City State Zip Code

Relationship to Voter (check one): ☐ Family member ☐ Health care provider ☐ Person authorized by voter