	Town/City of
	Application for Town/City Election Absentee Ballot-RSA 657:4 Absence, Religious Observance. or Disability
	(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card application)
For	I. I hereby declare that (check one):
Official Use Only	□ I am a duly qualified voter who is currently registered to vote in this town/ward.
Voter Not	□ I am absent from the town/city where I am domiciled and will be until after the next
registered	election, or I am unable to register in person due to a disability, and request that the forms
	necessary for absentee voter registration be sent to me with the absentee ballot.
	<ul> <li>I. I will be entitled to vote by absentee ballot because (check one):</li> <li>□ I plan to be absent on the day of the election from the city, town, or unincorporated place</li> </ul>
	where I am domiciled.
# 0	$\Box$ I am confined in a penal institution for a misdemeanor or while awaiting trial.
Voter ID #	□ I cannot appear in public on election day because of observance of a religious commitment.
Vote	I am unable to vote in person due to a disability.
	I cannot appear at any time during polling hours at my polling place because of an
	employment obligation. For the purposes of this application, the term "employment" shall
	include the care of children and infirm adults, with or without compensation.
Date Returned: //	For use only on the Monday immediately prior to the election: I cannot appear at my
e R6	polling place on election day because the National Weather Service has issued a winter storm
Date	warning, blizzard warning, or ice storm warning for election day applicable to my city, town,
	or unincorporated place and either (check one):
ed:	□ I am elderly or infirm or I have a physical disability, and would otherwise vote in person
Date Mailed: 	but I have concerns for my safety traveling in the storm.
lte N	□ I anticipate that school, child care, or adult care will be canceled, and would otherwise
Da	vote in person but will need to care for children or infirm adults.
ed: _	Any person who votes or attempts to vote using an absentee ballot who is not entitled to
uest	vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24
Date Requested	
ate ]	III. I am requesting an official absentee ballot for the following election (check <u>only</u>
	one):
	□ Town/City Election to be held on:/ / /
	() SAU 80 - SCHOOL DISTRICT ELECTION on: 3/12/2024
; ;;	
Last Name: First Name:	Turn Over – You Must Complete the back side
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Last Name	First Nar	me	Middle Nam	ne (Jr.,	Sr., II,II
Applicant's Votin	g Domicile ( <b>home</b> )	Address:			
Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Co
Mail the ballot to	me at this address ( <b>i</b>	if different t	han the above hom	e address)	
Street or PO Box	# Street name	Apt/Unit	City/Town	State	e Zip Co
Applicant's Phone (Cell phone or nu	e Number: () _ mber where you can	be contacte	d prior to and on ele	ection day is	preferre
Applicant's Email	Address:		@	_	
The applicant mu and assists a voter	ture: est sign this form to r with a disability in e provided on the ap	receive an a executing t	bsentee ballot. <u>Any</u> his form shall print	y person wh	o witnes
The applicant mu <u>and assists a voter</u> name in the space	st sign this form to	receive an a <u>executing t</u> pplication fo	bsentee ballot. <u>Any</u> his form shall print rm.	<u>y person wh</u> t and sign h	o witnes is or her
<i>The applicant mu</i> <u>and assists a voten</u> <u>name in the space</u> I attest that I assis	st sign this form to <u>r with a disability in</u> e provided on the ap	<i>receive an a</i> <u>executing t</u> <u>pplication fo</u> executing th	<i>bsentee ballot. <u>Any</u> <u>his form shall print</u> <u>rm.</u> is form because he/s</i>	y person wh t and sign h she has a dis	<u>o witnes</u> is or her sability.
<i>The applicant mu</i> <u>and assists a voter</u> <u>name in the space</u> I attest that I assis Signature	est sign this form to <u>r with a disability in</u> <u>e provided on the ap</u> ted the applicant in o	<i>receive an a</i> <u>executing topplication fo</u> executing th Print Nam	<i>bsentee ballot. <u>Any</u> <u>his form shall print</u> <u>rm.</u> is form because he/s</i>	y person wh t and sign h she has a dis	e <u>o witnes</u> is or her sability.
The applicant mu and assists a voter name in the space I attest that I assis Signature Mail/fax/email or	est sign this form to <u>r with a disability in</u> <u>e provided on the ap</u> ted the applicant in o	<i>receive an a</i> <u>executing t</u> <u>oplication fo</u> executing th Print Nam <b>completed f</b>	<i>bsentee ballot. <u>Any</u> <u>his form shall print</u> <u>rm.</u> is form because he/s ne orm to <u>your local (</u></i>	y person wh t and sign h she has a dis	e <u>o witnes</u> is or her sability.
The applicant mu and assists a voter name in the space I attest that I assis Signature Mail/fax/email or For clerk address Visit the web site: receipt of your app date the clerk rece absentee ballot wa	est sign this form to <u>r with a disability in</u> <u>e provided on the ap</u> ted the applicant in a r hand deliver this a	receive an a <u>executing t</u> <u>oplication fo</u> executing th Print Nam <b>completed f</b> rs: <u>https://ap</u> <u>gov</u> to track y date when y d absentee ba ted and why.	bsentee ballot. <u>Any</u> <u>his form shall print</u> <u>rm.</u> is form because he/s is form to <u>your local (</u> <u>p.sos.nh.gov</u> your absentee ballot. our absentee ballot. illot, and after the el Contact your clerk	y person wh t and sign h she has a dis City/Town City/Town Was mailed lection learn if you have	<u>o witnes</u> <u>is or her</u> sability. <u>Clerk.</u> verify to you, the if your e question