

VOTED IN OFFICE: _____ TAKEN FROM OFFICE: _____ SENT: _____ DATE: _____

DATE REQUESTED: _____ IN OFFICE _____ OVER PHONE _____ BY MAIL _____

ABSENTEE BALLOT REQUEST FOR YEAR 20 _____

DISTRICT (VOTING) LOCATION (1 OR 2) _____

Name of absentee voter: _____

911 Address: _____

Address to which ballots are to be Sent: _____

Date of Birth: _____

Phone number: _____

If applicant is other than absentee voter:

Name of applicant: _____

Address of applicant: _____

Relationship to absentee voter: _____

Signature: _____ Date: _____

**Presidential Primary Ballot Requested
If there is no check - no ballot will be sent**

_____ Dem

_____ Rep

*******DO NOT WRITE BELOW THIS LINE*******

REQUESTED _____ TOWN BALLOT SENT _____

REQUESTED _____ SHAFTS SCHOOL/MAUHS BALLOT SENT _____

REQUESTED _____ CAREER DEV. BALLOT SENT _____

REQUESTED _____ PRESIDENTIAL PRIMARY SENT _____ D. _____ R. _____

REQUESTED _____ PRIMARY BALLOT (AUGUST) SENT _____

REQUESTED _____ GENERAL ELECTION BALLOT SENT _____

REQUESTED _____ ALL ELECTIONS FOR THE YEAR

For District 1 School : Informed Lori Elwell to send school ballots on _____