TOWN OF MINOT
APPLICATION FOR ABSENTEE BALLOT
REGIONAL SCHOOL UNIT NO. 16
DATE TBD 2024 REFERENDUM ELECTION (2ND TRY)

(A Special Circumstances Application is required after the 3rd business day before election day)

Application Received
(Date/Time)

Ballot Sent/Delivered
(Date/Time)

MAINE ELECTION LAW PERMITS ANY REGISTERED VOTER TO CAST AN ABSENTEE BALLOT AT ANY ELECTION

1. Full Name of Registered Voter Requesting the Ballot: _____
2. Residence Address of Voter: _____ **Town of Minot**
3. Voter's Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___ (if application by telephone request)
4. Daytime Phone Number (optional): _____
5. If the Registered Voter is a uniformed services voter or overseas voter covered by the federal Uniformed and Overseas Citizens Absentee Voting Act, 52 United States Code, Chapter 203, check here: ___
6. Party affiliation of the Registered Voter, if any: _____
7. Method of Delivery of Ballot to the Voter:
   - ☐ In Person (Application Required Only 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 in an application signed by the Voter) _____ (Name)
     (N/A for telephone applications.)
8. Signature of Voter OR Immediate Family Member of Voter _____

   _____ (Name of Immediate Family Member, if applicable) _____ (Relationship to Voter, if applicable) _____ (Date)
9. (Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter)
   Signature of Immediate Family Member Returning the Ballot: _____

   Relationship to Voter: _____

AIDE CERTIFICATE
(Must be Completed if Applicant was Assisted as Designated Below)

If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate.

I helped this voter: ☐ read the application ☐ sign the application ☐ read and sign the application.

_____ Signature of Aide

_____ Printed Name of Aide

WARNING:

A PERSON WHO FALSELY COMPLETES, SIGNS OR ALTERS AN ABSENTEE BALLOT APPLICATION OR ENVELOPE, OR BY DECEPTION CAUSES ANOTHER TO DO SO, HAS COMMITTED FORGERY (A CLASS C OR D CRIME UNDER MAINE LAW)

DO NOT ENCLOSE THIS APPLICATION WITH THE VOTED BALLOT