Application for Absentee Ballot
SEPTEMBER 8, 2020
Wiscasset Annual Town Meeting and Election

Application Received
(Date/Time)

Ballot Sent/Delivered
(Date/Time)

An absentee ballot request must be received by the Municipal Clerk by the close of business on **Thursday, September 3, 2020**, unless special circumstances exist. Voted absentee ballots must be received by the Municipal Clerk by **8 p.m. on September 8, 2020.**

1. Full Name of Registered Voter Requesting the Ballot _____

2. Residence Address of Voter _____ Wiscasset
(Street Address) (Municipality)

3. Voter's Date of Birth ___ ___ / ___ ___ / ___ ___ ___ ___
m m d d y y y y

4. Daytime Phone Number (optional) _____

5. Method of Delivery of Ballot to the Voter

   a. ☐ Issued to Voter (Application Required if Voter will Vote **Outside the Municipal Clerk's Presence**)

   b. ☐ By Mail to this Address _____

   c. ☐ By Immediate Family Member of Voter

   Designated Here _____ _____
   (Name) (Relationship to Voter)

   d. ☐ By this 3rd Person (Designated by the Voter) _____ _____
   (Name) (Telephone #)

6. Signature of Voter *OR*
   Immediate Family Member of Voter _____ Date _____

   Note: If an immediate family member of the voter is completing this application, the relationship to the voter must be provided in 5(c) above. The absentee ballot can be delivered to the immediate family member in person or mailed to the address provided in 5(b).

7. Signature of Immediate Family Member Returning the Ballot _____

   Relationship to Voter _____
   (Complete Section #7 Only if Ballot was Delivered to the Voter or a Different Immediate Family Member of the 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 _____