## REQUEST FOR EARLY ABSENTEE VOTER BALLOT for 2012 (ONE YEAR ONLY)

(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.)

	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 voteFormer Name:
	Voter's Current Mailing Address:
J.S.	Voter's Town of Residence:
ease Note: Military and Overseas Voters Civilians Living in the U.S.	Telephone Number: Email Address:
ի լե	(Contact Only - NOT for Ballot Delivery)
and Overseas Voters	I request early absentee voter ballot(s) for the election(s) checked below:  Annual Town Meeting  Presidential Primary (1st Tuesday in March) YOU MUST SELECT PARTY:  Democratic Ballot ☐ Republican Ballot  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:  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:
	FOR Voters serving in the MILITARY (active U.S. or overseas) and OVERSEAS Voters:  Check one:
Milita	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
	<b>IF YOU ARE REQUESTING A BALLOT FOR SOMEONE OTHER THAN YOURSELF</b> , you must complete the information below: (family member, health care provider, or person authorized by the absentee voter):
se l	Name of Requestor: Date:
leas	Address of Requestor:
P	Street Town/City State Zip Code Relationship to Voter (check one): Family member Health care provider Person authorized by voter