

Application for Absentee Ballot June 13, 2023 Wiscasset Annual Referendum Election & Election of Officers

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**, **June 8**, **2023**, unless special circumstances exist. Voted absentee ballots must be received by the Municipal Clerk by **8 p.m. on June 13**, **2023**.

1.	Full Name of Registered Voter Requesting the Ballot		
2.	Residence Address of Voter(Street Address)	(Municipality)	
	Voter's Date of Birth $\underline{\qquad}_{m} \underline{\qquad}_{m} / \underline{\qquad}_{d} \underline{\qquad}_{d} / \underline{\qquad}_{y} $	(Mulicipality)	
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 Mu	unicipal Clerk's Presence)	
	b. D By Mail to this Address		
	c. D By Immediate Family Member of Voter		
	Designated Here(Name)		
	(Name) d. Dy this 3 rd Person (Designated by the Voter)(Name)		
6.	Signature of Voter <i>OR</i> Immediate Family Member of Voter		
	Note: If an immediate family member of the voter is completing this approvided in $5(c)$ above. The absentee ballot can be delivered to the immethe address provided in $5(b)$.	· · ·	
7.	7. Signature of Immediate Family Member Returning the Ballot		
	Relationship to Voter		
	(Complete Section #/ Only if Ballot was Delivered to the Vol	er or a Different immediate Family Member of the Voter)	
	AIDE CERTIFICATE (Must be Completed if Applicant	was Assisted as Designated Below)	
	the voter received assistance in reading and/or signing this application mplete and sign this certificate.	on, the person who assisted the voter must	
I h	helped this voter: \square read the application \square sign the applica	ation 🗖 read and sign the application	
Sig	gnature of Aide Printed Name of	Aide	