



Voter #	
Gave	Mail

CITY OF DOVER, NEW HAMPSHIRE
APPLICATION
OFFICIAL MUNICIPAL ABSENTEE BALLOT
November 3, 2009

I, _____, hereby apply for an official absentee ballot.
 (Please Print)

I am a duly qualified voter, residing at _____ and entitled
 (Street and number)
 to vote in Ward _____ in the City of Dover.

 (Signature of voter) *REQUIRED*

Reason for Absentee Ballot Request (Check One):
 Physical Disability Religious Observance
 Absence from City on Election Day
 Employment / Commuter

Mail ballot to: _____

RETURN BALLOT TO: Dover City Clerk
288 Central Avenue
Dover, NH 03820-4169
 (603) 516-6020
 (603) 516-6666 FAX