<u> </u>	DOVED.				
	Town/City ofDOVER				
	Application for Town/City Election Absentee Ballot-RSA 657:4 Absence, Religious Observance. or Disability				
	(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card application)				
For	I. I hereby declare that (check one):				
Official	☐ I am a duly qualified voter who is currently registered to vote in this town/ward.				
Use Only Voter Not	☐ I am absent from the town/city where I am domiciled and will be until after the next election,				
registered	or I am unable to register in person due to a disability, and request that the forms necessary for				
	absentee voter registration be sent to me with the absentee ballot.				
_	II. I will be entitled to vote by absentee ballot because (check one):				
ļ	☐ I plan to be absent on the day of the election from the city, town, or unincorporated place				
	where I am domiciled.				
#	☐ I am confined in a penal institution for a misdemeanor or while awaiting trial.				
Voter ID #	☐ I am requesting a ballot for the presidential primary election and I may be absent on the				
V .	day of the election from the city, town, or unincorporated place where I am domiciled, but				
<u>'</u>	the date of the election has not been announced. I understand that I may only make such a				
	request 14 days after the filing period for candidates has closed, and that if I will not be				
ed: 	absent on the date of the election I am not eligible to vote by absentee ballot.				
mn -	☐ I cannot appear in public on election day because of observance of a religious commitment.				
Date Returned: //	☐ I am unable to vote in person due to a disability.				
ate	☐ I cannot appear at any time during polling hours at my polling place because of an				
à i	employment obligation. For the purposes of this application, the term "employment" shall				
1	include the care of children and infirm adults, with or without compensation.				
Date Mailed:	For use only on the Monday immediately prior to the election: I cannot appear at my				
<b>√</b> ai 	polling place on election day because the National Weather Service has issued a winter storm warning, blizzard warning, or ice storm warning for election day applicable to my city, town,				
te l	or unincorporated place and either (check one):				
D <sub>2</sub>	☐ I am elderly or infirm or I have a physical disability, and would otherwise vote in person				
	but I have concerns for my safety traveling in the storm.				
<del>d</del> :	☐ I anticipate that school, child care, or adult care will be canceled, and would otherwise				
ste 	vote in person but will need to care for children or infirm adults.				
	Any person who votes or attempts to vote using an absentee ballot who is not entitled to				
Date Requested:	vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24				
Date /	III. I am requesting an official absentee ballot for the following election (check only				
	one):				
	Town/City Election to be held on: $11 / 07 / 2023$				
ne:_ ne:_					
Van Van	Turn Over Vou Must Complete the book side				
.ast Name:_ irst Name:_	<u>Turn Over</u> – You Must Complete the back side				
∓: ن					

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Last Name	First Na	me	Middle Name	(Jr., S	Sr., II,I
Applicant's Voting	Domicile (home)	Address:			
Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip C
Mail the ballot to m	ne at this address (i	if different t	han the above home	e address)	
Street or PO Box #	Street name	Apt/Unit	City/Town	State	Zip (
Applicant's Phone I (Cell phone or num			d prior to and on elec	tion day is	preferr
Applicant's Email	Address:		@		
Applicant's Signatu	ıre:		Date Signed	d:	
			bsentee ballot. <u>Any</u> his form shall print o		
name in the space	provided on the ap	oplication fo	his form shall print	and sign hi	s or he
I attest that I assiste	orovided on the apod the apod the applicant in	executing th	his form shall print o	and sign hi	ability.
I attest that I assiste Signature	orovided on the apod the apod the applicant in	executing th Print Nan	this form shall print of the sha	and sign hi	ability.
I attest that I assiste Signature	the applicant in	executing th Print Nam completed f	this form shall print of this form shall print of the shall print of t	and sign hi	ability.
I attest that I assisted Signature  Mail/fax/email or left  For clerk addressed  Visit the web site: I receipt of your apple date the clerk receive absentee ballot was	chand deliver this es and fax number attps://app.sos.nh.gication, obtain the ves your completed rejected/not coun	executing the Print Name completed for the Print Name complete for the Print Na	this form shall print of this form shall print of the shall print of t	and sign hi  the has a disa  ity/Town Co  You may votas mailed to the cition learn f you have	clerk.  Terify To you, if your question
I attest that I assisted Signature  Mail/fax/email or left  For clerk addressed  Visit the web site: I receipt of your apple date the clerk receive absentee ballot was	chand deliver this es and fax number ication, obtain the ves your complete rejected/not countration on the "Vor	executing the Print Name completed for the Print Name complete for the Print Na	is form shall print or rm. is form because he/shall print or rm. is form because he/shall print or round to your local Composition of the possente ballot. If your absentee ballot wallot, and after the election contact your clerk in the shall print or round to your absente ballot.	and sign hi  the has a disa  ity/Town Co  You may votas mailed to the cition learn f you have	ability.  Clerk.  Terify to you, if your questic