TOWN OF MORRISTOWN
PO Box 748
Morrisville, VT 05661

MILITARY & OVERSEAS REQUEST FOR EARLY OR ABSENTEE BALLOT (one year only)

All voters including military and overseas voters must now submit a new request for absentee ballots each year. Submit this form directly to the Town Clerk of the town in which you are on the voter checklist.

FOR Voters serving in the MILITARY (active U.S. or overseas) and OVERSEAS Voters:

Check one: ☐ Military (Active in U.S. or overseas) ☐ Overseas voter (not military)

Voter's Name:_____ (First, Middle, Last Name)

Voter's VT Town of Residence (before joining military or moving overseas): _____

I request early absentee voter ballot(s) for the election(s) checked below:

☐ Annual Town Meeting ☐ August Primary Election

Presidential Primary (1st Tuesday in March) **YOU MUST SELECT PARTY:** ☐ November General Election

(select Pres. Primary in Presidential Election years) ☐ Democratic Ballot ☐ Republican Ballot

Please deliver the ballot(s) and all election materials as indicated below (check one):

☐ E-mail Address: _____ (Blank ballot will be delivered by e-mail to the voter. All voted ballots must be mailed or sent by a delivery service to the town clerk.)

☐ Fax to fax number: _____ (You must provide country codes and all other 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**

IF YOU ARE REQUESTING A BALLOT FOR SOMEONE OTHER THAN YOURSELF, you **must** complete the information below: (family member, health care provider, or person authorized by the absentee voter):

Name of Requestor: _____ Signature: _____ Date: _____

Organization Name (if applicable): _____

Address of Requestor: _____

Relationship to Voter (check one): ☐ Family member ☐ Health care provider ☐ Person authorized by voter

For office use only: **Revised February 2016**

Processed by:_____ Verified against checklist:_____ Entered into Portal:_____

Date requested: _____ Date Processed_____ Date returned_____

Delivery method: Mailed Voted in Office Took Ballot JP Delivered Faxed Emailed