

## November 3, 2020 General Election Special Circumstances Application for Absentee Ballot (Required after October 29, 2020)

Application Received (Date/Time)

Ballot Sent/Delivered (Date/Time)

This application must be completed if the voter's request is received by the clerk after Thursday, October 29, 2020. The voter must meet one of the special circumstances allowed by law and indicate the reason on this application. The voter must complete and sign this application before a ballot will be issued. Exception: A voter who votes in the clerk's presence on October 30, 2020 does not need to complete this application.

1. Full Name of Registered V	oter Requesting the Ballot		
2. Residence Address of Vote	er(Street Address)		
3. Voter's Date of Birth $\frac{1}{m}$	$\frac{1}{d} / \frac{1}{d} / \frac{1}{y} / \frac{1}{y} = \frac{1}{y} / \frac{1}{y}$ 4. Daytime Phone N	Number	
5. Method of Delivery of Ballo	ot to the Voter		
☐ Issued to Voter			
☐ By Mail to this Addre	SS		
☐ By Immediate Family	Member of Voter		
Designated Here	(Name)		
		(Relationship to Voter)	
☐ By this 3 <sup>rd</sup> Person (Designation of the By this 3 <sup>rd</sup> Person (Designation	gnated by the Voter)		
	(Name)	(Telephone #)	
	cable box below indicating the reason for this	_	
☐ I will be absent from my mun	icipality of residence unexpectedly during the en	ntire time the polls are open on election day;	
☐ I have a physical disability;			
☐ I am unable to leave my home	e or treatment facility due to an incapacity or illne	ess; or	
☐ I am a resident of a coastal isl	and ward or precinct and am unable to travel to tl	he polls.	
I certify, under penalty of law	w, that the information provided on this ap	oplication is true.	
7. Signature of Voter		Date	
8. If ballot is returned by an Ir	mmediate Family Member, the family membe	er must sign and indicate relationship.	
Signature of Family Member _	gnature of Family Member Relationship to Voter		
A IDE CEDITIFIC	ATTI		
AIDE CERTIFIC	ATE (Must be Completed if Applicant w	as Assisted as Designated Below)	
If the voter received assistance complete and sign this certification	in reading and/or signing this application, thate.	ne person who assisted the voter must	
I helped this voter:  reac	d the application 🔲 sign the application	read and sign the application	
Signature of Aide	Drintad Name of Aids		