REQUEST FOR EARLY ABSENTEE VOTER BALLOT

	(All voters including military and overseas voters must now submit a new request for absentee ballots each year.) (SUBMIT DIRECTLY by fax, email or mail to the Town Clerk of the town in which you are on the voter checklist.)
	FOR Civilian Voters Living in the U.S.:
	Voter's Name: (First, Middle, Last Name)
	Check if last name is different than when you registered to voteFormer Name:
	Voter's Current Mailing Address:
U.S	Voter's Town of Residence:
Civilians Living in the U.S.	Telephone Number: Email Address: (Contact Only - NOT for Ballot Delivery)
	(Contact Only - NOT for Ballot Delivery) I request early absentee voter ballot(s) for the election(s) checked below:
vin	Annual Town Meeting August Primary Election
s Li	Special Town Meeting: _/_/ November General Election
lian	Please deliver the ballot(s) as indicated below (check one):
livi)	Mail to voter at:
	Street or PO Box Town/City State Zip Code Deliver by two Justices of the Peace (This may only be selected if you are ill or physically disabled.)
	Signature of Absentee Voter or Authorized Person Date
	For Clerks Use Only: Voted at town clerk's office Date Request Received: Date Ballot picked up at town clerk's office Date Ballot Mailed:
	Date Ballot Returned:
Military and Overseas Voters	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): (First, Middle, Last Name) Voter's VT Town of Residence (before joining military or moving overseas): (First, Middle, Last Name) Voter's VT Town of Residence (before joining military or moving overseas): (First, Middle, Last Name) I request early absentee voter ballot(s) for the election(s) checked below: August Primary Election Annual Town Meeting: //_/ August Primary Election Special Town Meeting: // November General Election date Please deliver the ballot(s) and all election materials as indicated below (check one): E-mail Address: E-mail Address: (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
Please Note:	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 Applicant: Date:
	Address of Applicant:
F	Street Town/City State Zip Code Relationship to Voter (check one): Family member Health care provider Person authorized by voter

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