

APPLICATION FOR ABSENTEE BALLOT

COVID-19 may be used as a valid reason for requesting a ballot.

Section I – Applicant’s Information

Name: _____ Date of Birth: _____

Home Address: _____
(Number, Street, City, Zip Code)

Telephone No. _____ Email Address _____

Mailing Address _____
(Number, Street, City, Zip Code - Use only if mailing address is different from the address above.)

For Office Use Only	
Outer Envelope Serial No.	_____
Date Forms Issued:	_____
Mailed to Applicant	<input type="checkbox"/>
Given to Applicant Personally	<input type="checkbox"/>

Section II – Statement of Applicant – Required

I, the undersigned applicant, believe I am eligible to vote at the February 1, 2021 South Fire District Commissioner Election. I expect to be unable to appear at the polling place during the hours of voting and hereby apply for an Absentee Ballot. **(You MUST check one.)**

- COVID-19 – All voters are able to check this box
- My active service in the Armed Forces of the United States
- My absence from the city during all of the hours of voting
- My illness
- My religious tenets forbid secular activity on the day of the election
- My duties as an election official at a polling place other than my own during all of the hours of voting
- My physical disability

For **Military Personnel** only – please indicate if you would like your Absentee Ballot sent to you electronically to the email address provided above. (Yes ____ No ____)

For **Voters with Print Disabilities** only – please indicate if you would like your Absentee Ballot sent to you electronically to the email address provided above. (Yes ____ No ____)

Section III – Applicant’s Declaration – Required

I declare, under the penalties of false statement in Absentee Balloting, the above statements are true and correct, and I am the applicant named above. *(Sign your legal name in full. If you are unable to write, you may authorize someone to write your name and the date in the spaces provided, followed by the word “by” and the signature of the authorized person. Such person must also complete Section IV below.)*

Signature of Applicant: _____ Date Signed: _____

Section IV – Declaration of Person Providing Assistance *(Completed by any person who assists with the completion of application.)*

I sign the Application under penalties of false statement in absentee balloting.

Signature: _____ Printed Name: _____ Tel. No.: _____

Residence Address: _____

SPECIAL INSTRUCTIONS

Connecticut law allows you to receive an Absentee Ballot if you cannot appear at your assigned polling place on election day because of active service in the military, absence from the town during all of the hours of voting, illness, religious tenets that forbid secular activity on the date of election, duties as an election official at a polling place other than your own during all of the hours of voting, or physical disability. The South Fire District has determined the existence of the COVID-19 virus allows you to vote by Absentee Ballot if you so choose for your own safety. **To receive your Absentee Ballot, please complete and sign this Application and return it by mail to Fire Chief, South Fire District, 445 Randolph Road, Middletown, CT 06457. To hand deliver this Application, please call the Fire Chief at 860-347-6661 to schedule an appointment. Your Absentee Ballot will be mailed or hand-delivered (by appointment) to you beginning January 22, 2021.**