

**TOWN OF MARLBORO**

**REQUEST FOR EARLY ABSENTEE VOTER BALLOT (VALID for ONE CALENDAR YEAR)**  
**(All voters must submit a new request for absentee ballots each year.)**  
**(SUBMIT DIRECTLY to the Town Clerk of the town in which you are on the voter checklist.)**

**Voter Name**  
Required

**1** First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Former Name (if applicable) \_\_\_\_\_

**Other Contact Info**  
If applicable

**2** Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Legal Address where you are Registered to Vote**  
Required must be your town of Residence

**3** Street Address (no P.O. boxes) \_\_\_\_\_ State \_\_\_\_\_  
City \_\_\_\_\_ ZIP \_\_\_\_\_

**Mailing Address**

Required only if you wish to have your ballot mailed to a different address than the address at which you're registered to vote.

**4** Street Address (or P.O. box) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_

**Election**  
Required

**5** Date Range Request: \_\_\_\_\_ to \_\_\_\_\_ (within a calendar year)  
MM/DD/YYYY MM/DD/YYYY  
 Annual Town Meeting  All Local Elections  
 Presidential Primary Election (You Must Select a Party)  Democratic Ballot  Republican Ballot  
 General Election  Primary Election

**Military, Civilian Overseas, Ill or with Disability Voters**

If Applicable

**6** Check one:  Military (Active in U.S. or overseas)  Overseas voter  Ill or with Disability  
Please deliver the ballots(s) and all election materials as indicated below (check one):  
 Email Address: \_\_\_\_\_ (Ballots cannot be returned electronically)  
 Fax Number: \_\_\_\_\_  
 Mail: \_\_\_\_\_  
 Deliver by two Justices of the Peace (This can only be selected if you are ill or physically disabled.) Phone number: \_\_\_\_\_

**Signature**

**7** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Voter or Authorized Person

**IF YOU ARE REQUESTING A BALLOT FOR SOMEONE OTHER THAN YOURSELF, you must complete the information below:**

**Relationship to Voter:**  Family member  Health care provider  Person authorized by voter

Name of Requestor: \_\_\_\_\_ Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_ Phone number: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

**For Clerk Use Only:**  Voted in Office

Date of Request: \_\_\_\_\_

Ballot picked up at clerk's office

Ballot Mailed Date: \_\_\_\_\_

Ballot Returned Date: \_\_\_\_\_