Town/City of SUNAPEE
Application for Town/City Election Absentee Ballot-RSA 657:4
Absence, Religious Observance. or Disability
(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card application)

	(Uniformed and Overseas Citizen Voters Residing Outside the 0.3. use the federal post card application)
For	I. I hereby declare that (check one):
Official	☐ I am a duly qualified voter who is currently registered to vote in this town/ward.
Use Only Voter Not	☐ I am absent from the town/city where I am domiciled and will be until after the next
registered	election, or I am unable to register in person due to a disability, and request that the forms
	necessary for absentee voter registration be sent to me with the absentee ballot.
	II. I will be entitled to vote by absentee ballot because (check one):
	☐ I plan to be absent on the day of the election from the city, town, or unincorporated place
İ	where I am domiciled.
#	☐ I am confined in a penal institution for a misdemeanor or while awaiting trial.
Voter ID #	☐ I cannot appear in public on election day because of observance of a religious commitment.
/ote	I am unable to vote in person due to a disability.
	I cannot appear at any time during polling hours at my polling place because of an
	employment obligation. For the purposes of this application, the term "employment" shall
<u></u> ,	include the care of children and infirm adults, with or without compensation.
neć 	merade the care of emidren and minim addits, with of without compensation.
Date Returned:	For use only on the Monday immediately prior to the election: I cannot appear at my
. R6	polling place on election day because the National Weather Service has issued a winter storm
)ate	warning, blizzard warning, or ice storm warning for election day applicable to my city, town,
Ω і	or unincorporated place and either (check one):
<u></u>	of difficorporated place and ertifer (effects offe).
Date Mailed:	☐ I am elderly or infirm or I have a physical disability, and would otherwise vote in person
М ај _'_	but I have concerns for my safety traveling in the storm.
te]	☐ I anticipate that school, child care, or adult care will be canceled, and would otherwise
Da	vote in person but will need to care for children or infirm adults.
	vote in person out with need to care for emidien of minim datatio.
::	Any person who votes or attempts to vote using an absentee ballot who is not entitled to
stec	vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24
Requested: _/	vote by absence bandt shall be guilty of a misuemeanor. RSA 037.24
Date /	III. I am requesting an official absentee ballot for the following election (check only
\Box	one):
	\square Town/City Election to be held on: $_03$ / $_12$ / $_2024$ $_$
me	_
Na Na	Turn Over – You Must Complete the back side
Last Name: First Name:	
П Н	
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Last Name	First Name	Middle Name	e (Jr., S	Sr., II
Applicant's Voti	ng Domicile (home) Address:			
Street Number	Street Name Apt/Unit	City/Town	Ward	Zip
Mail the ballot to	o me at this address (if different	than the above home	e address)	
Street or PO Box	x # Street name Apt/Unit	City/Town	State	Zip
Applicant's Phor (Cell phone or no	ne Number: () umber where you can be contacted	ed prior to and on elec	tion day is	prefei
Applicant's Ema	il Address:			
The applicant m and assists a vot	ature: ust sign this form to receive an e er with a disability in executing ce provided on the application fo	absentee ballot. <u>Any</u> this form shall print o	person who	witn
The applicant m and assists a vot name in the space	ust sign this form to receive an c	absentee ballot. Any this form shall print of the orm.	person who and sign hi	o witn s or h
The applicant m and assists a vot name in the space	ust sign this form to receive an our er with a disability in executing ce provided on the application for	absentee ballot. Any this form shall print of the ball print of th	person who and sign his	o with s or h
The applicant m and assists a vot name in the space. I attest that I assissing Signature	ust sign this form to receive an a er with a disability in executing ce provided on the application for sted the applicant in executing the	absentee ballot. Any this form shall print of the print o	person who and sign his	o with s or h
The applicant mand assists a vote name in the space. I attest that I assisting Signature	ust sign this form to receive an ear with a disability in executing ce provided on the application for sted the applicant in executing the application. Print Nar	absentee ballot. Any this form shall print of this form because he/shall print of the form to your local Ci	person who and sign his	o with s or h