## **Town/City of ALBANY**

## Application for Town/City Election Absentee Ballot-RSA 657:4 Absence, Religious Observance, and Disability

(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card application)

| For                       | I. I hereby declare that (check one):                                                                                                                   |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Official<br>Use Only      | $\Box$ I am a duly qualified voter who is currently registered to vote in this town/ward.                                                               |
| Voter Not                 | ☐ I am absent from the town/city where I am domiciled and will be until after the                                                                       |
| registered                | next 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                                                           |
|                           | where I am domiciled.                                                                                                                                   |
| #                         | ☐ I cannot appear in public on election day because of observance of a religious                                                                        |
| Voter ID#                 | commitment. ☐I am unable to vote in person due to a disability(includes COVID-19 avoidance).                                                            |
| Vote                      | 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"                                                                      |
| <b>∴</b> .                | shall include the care of children and infirm adults ( <b>including COVID-19 avoidance</b> ),                                                           |
| ned<br>                   | with or without compensation.                                                                                                                           |
| Date Returned:<br>//      | with of without compensation.                                                                                                                           |
| e R(                      | For use only on the Manday immediately prior to the election.                                                                                           |
| )ate                      | For use only on the Monday immediately prior to the election:  I cannot appear at my polling place on election day because the National Weather Service |
|                           | has issued a winter storm warning, blizzard warning, or ice storm warning for election day                                                              |
| : d:                      | applicable to my city, town, or unincorporated place and either (check one):                                                                            |
| Date Mailed:<br>/         | ☐ I am elderly or infirm or I have a physical disability, and would otherwise vote in                                                                   |
| M =                       | person but I have concerns for my safety traveling in the storm.                                                                                        |
| )ate                      | ☐ I anticipate that school, child care, or adult care will be canceled, and would                                                                       |
| I                         | otherwise vote in person but will need to care for children or infirm adults.                                                                           |
|                           |                                                                                                                                                         |
| Requested:<br>_/          | Any person who votes or attempts to vote using an absentee ballot who is not entitled to                                                                |
| que:                      | vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24                                                                                    |
| Red/_                     | III. I am requesting an official absentee ballot for the following election (check only                                                                 |
| Date<br>/.                | one):                                                                                                                                                   |
| I                         |                                                                                                                                                         |
|                           |                                                                                                                                                         |
|                           | $\square$ Town/City Election to be held on: $03/09/2021$                                                                                                |
|                           |                                                                                                                                                         |
|                           |                                                                                                                                                         |
|                           | ☐ State Special Election to be held on:/                                                                                                                |
| me:<br>me:                |                                                                                                                                                         |
| Last Name:<br>First Name: | Turn Over – You Must Complete Back Side                                                                                                                 |
| Last                      | Page 1 of 2                                                                                                                                             |
|                           |                                                                                                                                                         |
|                           |                                                                                                                                                         |
|                           |                                                                                                                                                         |

| Last Name                                                                                                                                            | t Name First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                   | Middle Name                                                                                                                                                                   | (Jr., Sr., II,III                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Applicant's Votin                                                                                                                                    | g Domicile (home)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address:                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                          |
| Street Number                                                                                                                                        | Street Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Apt/Unit                                                                                                                                                                                                                                          | City/Town                                                                                                                                                                     | Zip Co                                                                                   |
| Mail the ballot to                                                                                                                                   | me at this address (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | if different tha                                                                                                                                                                                                                                  | an the above home ad                                                                                                                                                          | ldress)                                                                                  |
| Street or PO Box                                                                                                                                     | # Street name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Apt/Unit                                                                                                                                                                                                                                          | City/Town                                                                                                                                                                     | State Zip Cod                                                                            |
|                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   | <br>prior to and on election                                                                                                                                                  | n day is preferred                                                                       |
| Applicant's Email                                                                                                                                    | l Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                   | @                                                                                                                                                                             |                                                                                          |
| Applicant's Signa                                                                                                                                    | iture:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   | Date Signed:                                                                                                                                                                  |                                                                                          |
| •                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n executing thi                                                                                                                                                                                                                                   | sentee ballot. <u>Any per</u><br>is form shall print and<br>n.                                                                                                                |                                                                                          |
| name in the space                                                                                                                                    | r with a disability in<br>e provided on the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n executing thi<br>pplication form                                                                                                                                                                                                                | is form shall print and                                                                                                                                                       | <u>l sign his or her</u>                                                                 |
| name in the space I attest that I assis                                                                                                              | r with a disability in a provided on the applicant in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n executing thing thing pplication form executing this                                                                                                                                                                                            | is form shall print and<br>n.                                                                                                                                                 | d sign his or her has a disability.                                                      |
| I attest that I assis Signature                                                                                                                      | r with a disability in a provided on the applicant in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n executing this pplication form executing this Print Name                                                                                                                                                                                        | is form shall print and a.  form because he/she h                                                                                                                             | d sign his or her has a disability.                                                      |
| I attest that I assis Signature                                                                                                                      | r with a disability in a provided on the applicant in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n executing this pplication form executing this executing this Print Name down to: Toy                                                                                                                                                            | is form shall print and a.  form because he/she h                                                                                                                             | d sign his or her has a disability.                                                      |
| I attest that I assis Signature  Mail or hand del                                                                                                    | r with a disability in a provided on the applicant in ited the applicant in iver this completed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | n executing this pplication form executing this executing this Print Name form to: Tow 197                                                                                                                                                        | s form shall print and a.  form because he/she he  vn Clerk, Town of Al  2 NH Route 16  any, NH 03818                                                                         | d sign his or her has a disability.                                                      |
| I attest that I assis Signature  Mail or hand del  Or Email to: TO  Visit the web site: I You may verify recyou, the date the cleabsentee ballot was | iver this completed on the applicant in | executing this pplication form executing this executing this executing this Print Name  After to: Toy  Alb  BANYNH.org  Public/Absente ton, obtain the dan pleted absentee and why. Contain the dan plete and why. Contain the dan plete and why. | s form shall print and a.  form because he/she he  vn Clerk, Town of Al  2 NH Route 16  any, NH 03818                                                                         | nas a disability.  Sur absentee ballot ballot was mailed ction learn if your e questions |
| I attest that I assis Signature  Mail or hand del  Or Email to: TO  Visit the web site: I You may verify recyou, the date the cleabsentee ballot was | iver this completed on the applicant in | executing this pplication form executing this executing this executing this Print Name  After to: Toy  Alb  BANYNH.org  Public/Absente ton, obtain the dan pleted absentee and why. Contain the dan plete and why. Contain the dan plete and why. | form shall print and a.  form because he/she have the she hallot, and after the elect your clerk if you have | nas a disability.  Sur absentee ballot ballot was mailed ction learn if your e questions |