

TOWN OF APPLETON
APPLICATION FOR ABSENTEE BALLOT
FIVE TOWN COMMUNITY SCHOOL DISTRICT
JANUARY 14, 2025 REFERENDUM ELECTION

Application Received (Date/Time)
Ballot Sent/Delivered (Date/Time)

(A Special Circumstances Application is required after the 3rd business day before election day)

**MAINE ELECTION LAW PERMITS ANY REGISTERED VOTER
TO CAST AN ABSENTEE BALLOT AT ANY ELECTION**

1. Full Name of Registered Voter Requesting the Ballot: _____
2. Residence Address of Voter: _____ **Town of Appleton**
3. Voter's Date of Birth: ____ / ____ / ____ (if application by telephone request)
4. Daytime Phone Number (optional): _____
5. If the Registered Voter is a uniformed services voter or overseas voter covered by the federal Uniformed and Overseas Citizens Absentee Voting Act, 52 United States Code, Chapter 203, check here: ____
6. Party affiliation of the Registered Voter, if any: _____
7. Method of Delivery of Ballot to the Voter:
 - In Person (Application Required Only if Voter will vote outside the Municipal Clerk's Presence)
 - By Mail to this Address: _____
 - By Immediate Family Member of Voter Designated here: _____
(Name) (Relationship to Voter)
 - By this 3rd Person: (Designated by the Voter in an application signed by the Voter)
(N/A for telephone applications.) (Name)
8. Signature of Voter OR Immediate Family Member of Voter _____
(Name of Immediate Family Member, if applicable) (Relationship to Voter, if applicable) (Date)
9. (Complete Section # 9 only if Ballot was delivered to the Voter or a different immediate family member of the Voter)
Signature of Immediate Family Member Returning the Ballot: _____
Relationship to Voter: _____

AIDE CERTIFICATE (Must be Completed if Applicant was Assisted as Designated Below)	
If the voter received assistance in reading and/or signing this application, the person who assisted the voter must complete and sign this certificate.	
I helped this voter: <input type="checkbox"/> read the application <input type="checkbox"/> sign the application <input type="checkbox"/> read and sign the application.	
_____ Signature of Aide	_____ Printed Name of Aide

WARNING:

A PERSON WHO FALSELY COMPLETES, SIGNS OR ALTERS AN ABSENTEE BALLOT APPLICATION OR ENVELOPE, OR BY DECEPTION CAUSES ANOTHER TO DO SO, HAS COMMITTED FORGERY
(A CLASS C OR D CRIME UNDER MAINE LAW)

DO NOT ENCLOSE THIS APPLICATION WITH THE VOTED BALLOT