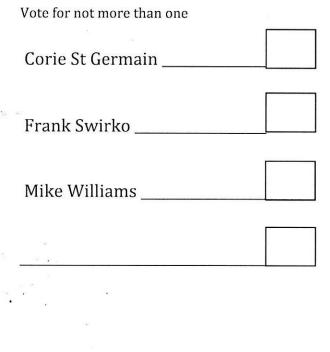
For Selectman (3 Years)



For Trustee of the Trust Funds

(3 years) Vote for not more than one

Blaze Konefal _____

.

For Trustee of the Library (3 Years)

Vote for not more than one

· •

Barbara Sweet_____

For Cemetery Trustee (3 Years)

Vote for not more than one

Brenda L. Boswak	
brendu h. boowan	

Supervisor of the Checklist (6 Years)

Vote for not more than one

Denise Call	

SAMPLE BALLOT

(E)	Town/City of Chichester 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)
For Official Use Only Voter Not registered ## CI uspo N	 I hereby declare that (check one): I am a duly qualified voter who is currently registered to vote in this town/ward. I am absent from the town/city where I am domiciled and will be until after the 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 am confined in a penal institution for a misdemeanor or while awaiting trial. I cannot appear in public on election day because of observance of a religious commitment. 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
Date Mailed: Date Returned:	 include the care of children and infirm adults, with or without compensation. 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 applicable to my city, town, or unincorporated place and either (check one): I am elderly or infirm or I have a physical disability, and would otherwise vote in person but I have concerns for my safety traveling in the storm. I anticipate that school, child care, or adult care will be canceled, and would otherwise vote in person but will need to care for children or infirm adults.
Date Requested:	Any person who votes or attempts to vote using an absentee ballot who is not entitled to vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24 III. I am requesting an official absentee ballot for the following election (check <u>only</u> one):
Last Name: First Name:	Town/City Election to be held on: / //

T	ame (Please Print):			
Last Name	First Name	Middle Name	(Jr., S	Sr., 11,111)
Applicant's Voting	Domicile (home) Address:			
Street Number	Street Name Apt/Un	it City/Town	Ward	Zip Coo
Mail the ballot to m	ne at this address (if differen	t than the above home	address)	
Street or PO Box #	Street name Apt/Unit	City/Town	State	Zip Co
Applicant's Phone	Number: ()			
(Cell phone or num	Number: () ber where you can be contac	ted prior to and on elect	ion day is	preferred
Applicant's Email A	Address:	@		
Applicant's Signatu	ıre:	Date Signed		
ripplicalit 5 Dignate		Dute Digneu	•	
	t sign this form to receive an	absentee ballot. <u>Any p</u>		o witnes.
and assists a voter	with a disability in executing	absentee ballot. <u>Any p</u> g this form shall print a		o witness
and assists a voter		absentee ballot. <u>Any p</u> g this form shall print a		o witness
and assists a voter name in the space	with a disability in executing	a absentee ballot. <u>Any p</u> g this form shall print a form.	und sign hi	o witness is or her
and assists a voter name in the space f I attest that I assiste	with a disability in executing provided on the application and the applicant in executing	a <i>absentee ballot. <u>Any p</u> g this form shall print a form.</i> this form because he/sh	und sign hi e has a disa	<u>o witness</u> is or her ability.
and assists a voter r name in the space r I attest that I assiste Signature	with a disability in executing provided on the application and the applicant in executing Print Na	a <i>absentee ballot. <u>Any p</u> g this form shall print a form.</i> this form because he/shame	e has a disa	o witness is or her ability.
and assists a voter r name in the space r I attest that I assiste Signature	with a disability in executing provided on the application and the applicant in executing	a <i>absentee ballot. <u>Any p</u> g this form shall print a form.</i> this form because he/shame	e has a disa	o witness is or her ability.
and assists a voter r name in the space of I attest that I assiste Signature Mail/fax/email or I	with a disability in executing provided on the application and the applicant in executing Print Na hand deliver this completed	a absentee ballot. <u>Any p</u> g this form shall print a form. form. this form because he/shame ame I form to your local Ci	e has a disa	o witness is or her ability.
and assists a voter name in the space of I attest that I assiste Signature Mail/fax/email or I For clerk addresse	with a disability in executing provided on the application and the applicant in executing Print Na hand deliver this completed as and fax numbers: https://	a absentee ballot. <u>Any p</u> g this form shall print a form. form. this form because he/shame I form to your local Ci app.sos.nh.gov	e has a disa ty/Town C	<u>o witnes</u> <u>s or her</u> ability. <u>Clerk</u> .
and assists a voter in name in the space of I attest that I assiste Signature Mail/fax/email or I For clerk addresse Visit the web site: h	with a disability in executing provided on the application and the applicant in executing Print Na hand deliver this completed and fax numbers: https://	a <i>absentee ballot. <u>Any p</u> g this form shall print a form.</i> this form because he/sh- ame I form to your local Ci app.sos.nh.gov & your absentee ballot.	und sign hi e has a disa ty/Town C You may v	<u>o witnes.</u> ability. Clerk.
and assists a voter in ame in the space of a	with a disability in executing provided on the application and the applicant in executing Print Na hand deliver this completed es and fax numbers: https:// https://app.sos.nh.gov to track ication, obtain the date wher	a <i>absentee ballot. <u>Any p</u> <u>g this form shall print a</u> <u>form.</u> this form because he/shame <u>l form to your local Ci</u> <u>app.sos.nh.gov</u> c your absentee ballot. To your absentee ballot.</i>	und sign hi e has a disa ty/Town C You may v as mailed t	o witness is or her ability. Clerk. cerify to you, th
and assists a voter in name in the space of I attest that I assister Signature Mail/fax/email or I For clerk addresser Visit the web site: here a site in the sit	with a disability in executing provided on the application and the applicant in executing Print Na hand deliver this completed and fax numbers: https://	a absentee ballot. <u>Any p</u> g this form shall print a form. this form because he/shame I form to your local Ci app.sos.nh.gov c your absentee ballot. To your absentee ballot. To your absentee ballot w ballot, and after the elec	und sign hi e has a disa ty/Town C You may v as mailed t ction learn	<u>o witnes</u> <u>s or her</u> ability. clerk. clerk. co you, the if your
and assists a voter in ame in the space of a	with a disability in executing provided on the application ed the applicant in executing Print Na hand deliver this completed es and fax numbers: <u>https://</u> https://app.sos.nh.gov to track ication, obtain the date when yes your completed absentee	a absentee ballot. <u>Any p</u> g this form shall print a form. this form because he/shame I form to your local Ci app.sos.nh.gov c your absentee ballot. To your absentee ballot. To your absentee ballot we ballot, and after the electory. Contact your clerk if	und sign hi e has a disa ty/Town C You may v as mailed t ction learn f you have	o witness is or her ability. Clerk. Clerk. crify to you, th if your question
and assists a voter name in the space of I attest that I assiste Signature Mail/fax/email or I For clerk addresse Visit the web site: <u>h</u> receipt of your appl date the clerk receiv absentee ballot was regarding the inform	with a disability in executing provided on the application ed the applicant in executing Print Na hand deliver this completed es and fax numbers: https:// https://app.sos.nh.gov to track ication, obtain the date when ves your completed absentee rejected/not counted and when nation on the "Voter Information	a absentee ballot. <u>Any p</u> g this form shall print a form. this form because he/shame I form to your local Ci app.sos.nh.gov c your absentee ballot. To your absentee ballot. To your absentee ballot we ballot, and after the electory. Contact your clerk if	und sign hi e has a disa ty/Town C You may v as mailed t ction learn f you have	o witness is or her ability. Clerk. Clerk. crify to you, th if your question
and assists a voter name in the space of I attest that I assiste Signature Mail/fax/email or I For clerk addresse Visit the web site: h receipt of your appl date the clerk receiv absentee ballot was	with a disability in executing provided on the application ed the applicant in executing Print Na hand deliver this completed es and fax numbers: https:// https://app.sos.nh.gov to track ication, obtain the date when ves your completed absentee rejected/not counted and when nation on the "Voter Information	a absentee ballot. <u>Any p</u> g this form shall print a form. this form because he/shame I form to your local Ci app.sos.nh.gov c your absentee ballot. To your absentee ballot. To your absentee ballot we ballot, and after the electory. Contact your clerk if	und sign hi e has a disa ty/Town C You may v as mailed t ction learn f you have	ability.

•