	Town of Plaistow
	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 Use Only	\Box I am a duly qualified voter who is currently registered to vote in this town/ward.
Voter Not	\Box 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
+ O	place where I am domiciled. □ I cannot appear in public on election day because of observance of a
Voter ID #	religious commitment.
V0	\Box 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
ned.	include the care of children and infirm adults, with or without compensation.
Date Returned: _//	For use only on the Monday immediately prior to the election:
e R(□ I cannot appear at my polling place on election day because the National Weather
Dat	Service has issued a winter storm warning, blizzard warning, or ice storm warning for
Ì	election day applicable to my city, town, or unincorporated place and either (check one):
ed:	\Box 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.
1ail	□ I anticipate that school, childcare, or adult care will be canceled, and would otherwise
Date Mailed: _//	vote in person but will need to care for children or infirm adults.
Da _/_	Any person who votes or attempts to vote using an absentee ballot who is not entitled to
I	vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24
•• 1	III. I am requesting an official absentee ballot for the following election (check <u>only</u>
sted	one):
Rec 	\Box Town/City Election to be held on: 03/09/2021
Date Requested: //	
	□ State Special Election to be held on: / /
	-
	<u>Turn Over</u> – You Must Complete the back side
ame	Page 1 of 2
Last Name:_ First Name:_	
Lat Fir	

Mail the ballot to me at this address (if different than the above home address) Street or PO Box # Street name Apt/Unit City/Town State 7 Applicant's Phone Number: ()	Last Name	First Name	Middle Name	(Jr., S	Sr., II,III)
Mail the ballot to me at this address (if different than the above home address) Street or PO Box # Street name Apt/Unit City/Town State 2 Applicant's Phone Number: ()	Applicant's Voting	Domicile (home) Address:			
Street or PO Box # Street name Apt/Unit City/Town State 2 Applicant's Phone Number: ()	Street Number	Street Name Apt/Unit	City/Town	Ward	Zip Coo
Applicant's Phone Number: ()	Mail the ballot to me	e at this address (if different	than the above home	address)	
Applicant's Email Address:	Street or PO Box #	Street name Apt/Unit	City/Town	State	Zip Co
Applicant's Signature: Date Signed: The applicant must sign this form to receive an absentee ballot. Any person who way and assists a voter with a disability in executing this form shall print and sign his of name in the space provided on the application form. I attest that I assisted the applicant in executing this form because he/she has a disability in executing this form because he/she has a disability in a space provided on the application form. I attest that I assisted the applicant in executing this form because he/she has a disability in a space provided on the application form. I attest that I assisted the applicant in executing this form because he/she has a disability in a space provided on the application form. I attest that I assisted the applicant in executing this form because he/she has a disability in a space provided on the application form. I attest that I assisted the applicant in executing this form because he/she has a disability in a space provided on the application form. I attest that I assisted the applicant in executing this form because he/she has a disability in a space provided on the application form. Mail/fax/or hand deliver this completed form to your Town Clerk. Town of Plaistow, Town Clerk email: townclerk@plaistow.com 145 Main St – Suite 2 fax: 603-382-7183 Plaistow, NH 03865 Visit the web site: https://app.sos.nh.gov/Public/AbsenteeBallot.aspx to track your at ballot. You may verify receipt of your application, obtain the date when your absent was mailed to you, the date the clerk receives your completed	Applicant's Phone N (Cell phone or numb	Number: () ber where you can be contacted	ed prior to and on elect	ion day is j	preferred
The applicant must sign this form to receive an absentee ballot. Any person who wand assists a voter with a disability in executing this form shall print and sign his of name in the space provided on the application form. I attest that I assisted the applicant in executing this form because he/she has a disability in executing their Name Mail/fax/or hand deliver this completed form to your Town Clerk. Town of Plaistow, Town Clerk email: townclerk@plaistow.com 145 Main St – Suite 2 fax: 603-382-7183 Plaistow, NH 03865 Visit the web site: https://app.sos.nh.gov/Public/AbsenteeBallot.aspx to track your albellot. You may verify receipt of your application, obtain the date when your absente was mailed to you, the date the clerk receives your complete	Applicant's Email A	Address:	@		
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Town of Plaistow, Town Clerk 145 Main St – Suite 2 Plaistow, NH 03865email: townclerk@plaistow.com fax: 603-382-7183Visit the web site: https://app.sos.nh.gov/Public/AbsenteeBallot.aspx to track your al ballot. You may verify receipt of your application, obtain the date when your absent was mailed to you, the date the clerk receives your completed absentee ballot, and af election learn if your absentee ballot was rejected/not counted and why. Contact you 	name in the space p	<i>provided on the application fo</i> d the applicant in executing th	orm. his form because he/she	e has a disa	
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Voter Verified Page 2 of 2	name in the space p I attest that I assisted Signature Mail/fax/or hand d Town of Plaistow, ' 145 Main St – Suite Plaistow, NH 03863 Visit the web site: h ballot. You may ver was mailed to you, t election learn if you if you have question	d the applicant in executing the applicant in executing the Print Nate Print P	nis form because he/sho me to <u>vour Town Clerk</u> . il: townclerk@plaisto 603-382-7183 AbsenteeBallot.aspx to n, obtain the date when ir completed absentee b l/not counted and why.	e has a disa w.com track your your abse callot, and Contact y	absentee absentee after the our clerk