REQUEST FOR ABSENTEE BALLOT FOR TOWN OF BENNINGTON

Name of absentee voter:	
Date of birth:	
Current mailing address:	
Address to which ballots are to be mailed:	
Which election is the absentee ballot requested for?	
Town/School MeetingAugust State PrimaryPresidential Primary (Please speciments)November General Election	_All/Current Year fy D or R)
If application is made by a family member or person authorized	
Name of applicant:	
Relationship of absentee voter:	,
Signature of absentee voter or authorized applicant	Date