

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 Meeting All/Current Year
 August State Primary
 Presidential Primary (Please specify D or R)
 November General Election

If application is made by a family member or person authorized by absentee voter:

Name of applicant: _____

Relationship of absentee voter: _____

Signature of absentee voter or authorized applicant

Date