## City of Dover - Request for an Absentee Ballot Complete and sign (Please print legibly)

I request a ballot for the November 16, 2021 Special Municipal Election.		
Full name:		
Address that establishes your	eligibility to vote.	
House # & Street:		Zip Code:
Date of birth:	Phone #:	Email:
	nation only needs to be	(expected election day location): included if you would like your ballot mailed somewhere other
City & State or City & Countr	y:	
Election Day Phone:		
Check the appropriate box below:		
limits of the U.S. and the I	District of Columbia, or a	ate, or am a citizen of the U.S. temporarily residing outside the territorial m such person's spouse or dependent when residing with or accompanying f illness or injury received while serving in the armed forces of the U.S.
I am in the armed forces of the U.S. or the Merchant Marine of the U.S., or attached to and serving with the armed forces of the U.S. in the American Red Cross or United Service Organizations.		
Because of the nature of my business or occupation (This includes students and those providing care to a parent, spouse or that person's child who is living at home and requires constant care due to illness or injury).		
I am sick or physically disabled.		
I am absent from the municipality while on vacation.		
I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.		
I am incarcerated (not for a felony).		
I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election for the reason checked above and that the information contained herein is true.		
Signature:		Date:
	*** O]	FFICE USE ONLY ***
VOUCHER#		DISTRICT D-
APPLICATION REQUESTED:		
APPLICATION MAILED:		
APPLICATION RETURNED:		
BALLOT MAILED:		
RALLOT RETURNED		