

City of Dover

Dear Absentee Voter:

Please complete, print, and sign the [Request for an Absentee Ballot](#). We cannot accept electronic signatures. Upon completion of the Request form, you may either email it to cityclerk@dover.de.us; mail it to City Clerk, P.O. Box 475, Dover, DE 19903; or hand deliver it to the City Clerk's Office at 15 Loockerman Plaza, Dover, DE 19901. If you choose to mail your Request form, we recommend mailing it by Monday, March 31, 2025, to ensure enough time for us to mail you the Official Ballot and for you to return your ballot before Election Day. If you choose to deliver your completed Request form in person, you will be permitted to cast your absentee ballot at the time of delivery.

All completed Request forms must be received by the Clerk's Office, 15 Loockerman Plaza, Dover, DE, by 12:00 noon on Monday, April 14, 2025. Our office hours are 8:30 a.m. to 5:00 p.m. Monday - Friday.

Should you have any questions regarding this procedure, please feel free to contact the City Clerk's Office at (302) 736-7008 or by e-mail to cityclerk@dover.de.us.

Sincerely,



Andria L. Bennett
City Clerk

City of Dover – Request for an Absentee Ballot

Complete and sign the form

Please print legibly

I request a ballot for the April 15, 2025, Election.

Full name: _____

Address that establishes your eligibility to vote:

Date of birth: _____

Phone number: _____

Email: _____

Mail my ballot to this address, not to the one above:

For Office use only

District: D- Voucher #: _____

Mail ☐ In-person ☐ Other: _____

Date Request Received: _____

Date Statement Mailed: _____

Date Statement Returned: _____

Date Ballot Mailed: _____

Date Ballot Returned: _____

Remarks: _____

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 below and that the information contained herein is true.

Check the appropriate box below:

☐ I am in the public service of the U.S. or of this State, or am a citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or am such person's spouse or dependent when residing with or accompanying the person, or am absent from this State because of 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).

My expected location on Election Day is: _____

My Election Day phone number: _____

Voter's signature: _____

Date: _____

Place
Postage
Stamp Here

**ELECTION MATERIAL
PROCESS IMMEDIATELY**

**CITY CLERK'S OFFICE
CITY OF DOVER
P.O. BOX 475
DOVER, DE 19903-0475**