

City of Dover

Dear Absentee Voter:

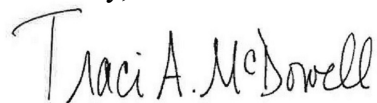
Please complete and sign the enclosed Request for an Absentee Ballot. Upon completion of the Request form, you may either mail, e-mail, or hand deliver it to the City Clerk's Office. Please note that the Request form can be filled out electronically, printed, signed, and then e-mailed to cityclerk@dover.de.us, a wet signature is required on the form. If you choose to mail your request form, we recommend mailing it by Friday, July 31, 2020 to ensure enough time for us to mail the Official Ballot and for you to return your ballot before Election Day. Also, please mail your Request form to City Clerk's Office, PO Box 475, Dover, DE 19903 and include "Election Material - Process Immediately," on your envelope to prevent any delays. If you choose to deliver your Request form in person, you will be permitted to cast your absentee ballot at the time of delivery.

All Request forms must be received by the Clerk's Office, 15 Lookerman Plaza, Dover, DE, by 12:00 noon on Monday, August 17, 2020. Our office hours are 8:30 a.m. to 5:00 p.m. Monday - Friday.

In accordance with Governor Carney's Sixth Modification to the State of Emergency the qualification of "sick or physically disabled" as used in 15 Del. C. §§ 5502(4) and 7571 shall apply to and include any such voter who is asymptomatic of COVID-19 infection and otherwise abiding by CDC and DPH guidelines by exercising self-quarantine or social distancing to avoid potential exposure to (and community spread of) COVID-19, and who herself or himself freely chooses to use such qualification to vote by absentee ballot.

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,



Traci A. McDowell, MMC
City Clerk

Enclosure

S:\ELECTIONS - MUNICIPAL\2020 08-18 Election - Special 1st District\ABSENTEE VOTING\Request for Absentee Ballot Instruction Letter-Web.wpd

/jt

P.O. Box 475 ♦ Dover, Delaware ♦ 19903

Community Excellence Through Quality Service

City of Dover - Request for an Absentee Ballot

Complete and sign (Please print legibly)

I request a ballot for the August 18, 2020 Special First (1st) District Election.

Full name:

Address that establishes your eligibility to vote.

House # & Street:

Zip Code:

Date of birth:

Phone #:

Email:

Mail my ballot to this address, not to the one above (expected election day location):

House # & Street:

City & State or City & Country:

Election Day Phone:

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).

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:

***** OFFICE USE ONLY *****

VOUCHER #

DISTRICT D-

APPLICATION REQUESTED:

APPLICATION MAILED:

APPLICATION RETURNED:

BALLOT MAILED:

BALLOT RETURNED