APPLICATION FOR ABSENTEE BALLOT FOR REFERENDUM AUTHORIZED TO BE HELD WITH LESS THAN 3 WEEKS NOTICE
ED-3R REV 2/00 (Secs. 9-140 and 9-369c) (Español en otro lado)

For Municipal Clerk's Use

OUTER ENVELOPE SERIAL NO. 

DATE FORMS ISSUED  

Given to Applicant Personally  Given Personally to Designee of Applicant

GIVEN TO APPLICANT PERSONALLY  GIVEN PERSONALLY TO DESIGNEE OF APPLICANT

(Political subdivision)  VOTING DISTRICT NO.

DATE OF REFERENDUM

NAME OF APPLICANT (Please print or type)  Applicant's Date of Birth  RESIDENCE (VOTING) ADDRESS (No., street, town)

STATEMENT OF APPLICANT

I, THE UNDERSIGNED, a voter entitled to vote in the referendum indicated, do hereby state that I expect to be unable to appear at the required polling place during the hours of voting of the indicated referendum for the reason checked below:

- My active service in the armed forces of the United States.
- My absence from the town during all of the hours of voting.
- My illness
- My religious tenants which forbid secular activity on the day of the referendum.
- My duties as a referendum official at a polling place other than my own during all of the hours of voting.

I, THEREFORE, APPLY for a set of absentee voting forms to be used at such referendum, which forms are:

- To be given to me personally (Check this box if you apply in person to the Municipal Clerk at his office.)
- To be given to my designee personally as indicated herein, if applicable, for delivery to me. (Note: Designee must personally submit this application to the municipal clerk.)

I hereby designate

(Name)  

of

(complete address)

To (check either or both)

- deliver my ballot to me  
- return my ballot to municipal clerk

Such designee is (check one).

- a person caring for me because of my illness, including but not limited to a licensed physician or a registered practical nurse.
- a member of my family.
- a police officer in the municipality in which I reside.
- a registrar of voters or deputy registrar of voters in the municipality in which I reside.

STATEMENT OF DESIGNEE

I, the designee named above, consent to such designation and will perform the delivery or deliveries indicated without tampering with the ballot in any way.

(signature of designee)

NOTE: The law requires the applicant to personally deliver or mail back to the municipal clerk the voted ballot unless (a) this form indicates the designee to return the ballot in person to the municipal clerk or (b) the applicant orally designates a qualified designee to mail it or return it as provided in the Instructions for Absentee Voting which comes with the absentee ballot.

PENALTIES FOR FALSE STATEMENTS

[a] Persons are guilty of false statement in absentee balloting when they intentionally make a false statement on, or sign the name of another person to, the application for absentee voting forms. (Sec. 9-359a)  
[b] False statement in absentee balloting is a class D felony. (Sec. 9-359a)  
[c] A sentence for a class D felony shall be at least one year but may not exceed five years in prison. (Sec. 53a-35a)  
[d] A fine for the conviction of a class D felony shall not exceed five thousand dollars. (Sec. 53a-41)

DATE SIGNED

SIGNATURE OF APPLICANT  

(X)

(To be completed by any person who assists another person in the completion of this application)

I sign this application under penalties of false statement in absentee balloting.

Signature  Print or Type Name  Residence Address  Telephone No.