EMERGENCY APPLICATION FOR ABSENTEE BALLOT
ED-3E REV 8/99 (Sección 9-134f, 9-140, 9-140b, 9-150c, and 9-369c)

You must complete a separate Application for each election, primary and referendum.
This application is to be returned to municipal clerk of municipality in which you are a registered voter.
This application is ONLY for those who apply for an absentee ballot because of unforeseen illness or physical disability occurring within 6 days before the close of the polls at an election, primary or referendum, or because they are patients in a hospital within such 6 day period.

STATEMENT OF APPLICANT
I, THE UNDERSIGNED, an elector (or applicant for admission as an elector) to vote in the election or primary indicated, (or if applying for referendum forms, 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 election, primary or referendum for the reason checked below:

(a) [ ] MY UNFORESEEN ILLNESS
OR
MY UNFORESEEN PHYSICAL DISABILITY
which occurred on
(Date)
within six days preceding the close of the polls at the election, primary or referendum.

OR
(b) [ ] I am a PATIENT IN THE FOLLOWING HOSPITAL on
(Date)
being within six days before the close
of polls of the election, primary or referendum.
(Name and address of hospital)

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

[ ] TO BE GIVEN TO MY DESIGNEE as indicated herein, if applicable, for delivery to me

[ ] TO BE MAILED TO ME at the following address, which is my bona fide personal mailing address. (Your bona fide personal mailing address may be either your voting residence or any other address to which you wish the forms mailed. The forms may only be mailed to you personally.)

MAILING ADDRESS (No., Street, Town or city, State, Zip, or Foreign country)

I DECLARE, under the penalties of false statement in absentee balloting, that the above statements are true and correct, and that I am the applicant named above. (Sign your legal name in full. A married woman must sign her own first name, not her husband’s. If you are unable to write, you may authorize someone to write your name and date in the spaces provided, followed by the word “by” and the signature of the authorized person.)

(See 9-140)

DATE SIGNED

SIGNATURE OF APPLICANT

(Note: If authorized to deliver ballot to applicant, designee must personally submit this application to the municipal clerk.)

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

(Signature of designee)

Note: If authorized to deliver ballot to applicant, designee must personally submit this application to the municipal clerk.

PENALTIES FOR FALSE STATEMENTS

(a) PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BALLOTING when they intentionally make a false written statement on, or sign the name of another person to, the application for absentee voting forms. (See 9-359a)
(b) False statement in absenteeballoting is a class D felony. (See 9-359a)
(c) A SENTENCE for a class D felony shall be at least one year but may not exceed five years in prison. (See 53a-35a) [d] A FINE for the conviction of a class D felony shall not exceed five thousand dollars. (See 53a-41)

(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.