

CERTIFICATE TO THE SECRETARY OF THE STATE CONCERNING RECEIPT AND DISPOSITION OF ABSENTEE VOTING FORMS
(To be filed within 10 days after election or primary -- Sec. 9-139c of the General Statutes)

DATE OF ELECTION/PRIMARY* _____ PARTY HOLDING PRIMARY (if applicable)** _____ CITY/TOWN/BOROUGH OF* _____

I hereby certify that the following is an accounting of the absentee voting forms which I received from the Secretary of the State in connection with the election or primary indicated and of their disposition:

	ED-8 (civilian)	Serial numbers ED-8 (specify)		ED-9	ED-11 (military postage-free)	Serial numbers ED-11 (specify)		Blank Ballots ED-81a* ED-81Pr* ED-81PrDel*
		From	To			From	To	
1. (a) Number of usable forms on hand	_____	_____	_____	_____	_____	_____	_____	_____
(b) Number received from Secretary of the State for this election or primary	_____	_____	_____	_____	_____	_____	_____	_____
(c) Total number available for this election or primary	_____			_____	_____			_____
2. Number of forms issued against personally signed applications, directions by registrars or municipal clerks, or federal postal card applications	_____	_____	_____	_____	_____	_____	_____	_____
3. Number of unused forms remaining in this office	_____	_____	_____	_____	_____	_____	_____	_____
4. Total of Lines 2 and 3	_____			_____	_____			_____

5. Explanation of discrepancies. (Fill out this space only if figure in line 4 differs from figure in Line 1(c). Use back of this sheet if necessary.)

6. Disposition of Challenged Ballot Serially numbered Envelopes (Accounting of serially-numbered envelopes used by challenged voter under Sec. 9-232e).

_____ no. received _____ no. used by challenged voter

7. (Fill in for regular elections only)
 Number of Official Blank Absentee Ballots (ED-81a) issued (a) to those with military contingencies 90 days before election under 9-153e _____
 (b) to electors temporarily residing overseas and to servicemen, spouses and dependents approximately 45 days before election under 9-153f _____.

Dated at _____, Connecticut, this _____ day of _____, 20_____.

Municipal Clerk _____
(Signature)

*cross out inapplicable terms
 **use separate form if 2 primaries