Signature	P	rint or Type Name	R	esidence Address	Telephone No.				
(To be completed by a light sign this application			son in the completion on absentee balloting.	f this application)					
(To be completed by	any nereon who or	seiste another ner	son in the completion of	- a class D felony shall not exceed five	ve thousar	nd dollars.	(Sec	. 53a-41)	
DATE SIGNED	SIGNATURE OF A	[b] False statement in absentee ba [c] A SENTENCE for a class D feld exceed five years in prison. (Sec. 9	ony shall b 53a-35a)	e at least o [d] A FINE	one ye	ear but may not ne conviction of			
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.) (Sec. 9-140)				[a] PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BAL- LOTING 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)					
				PENALTIES FOR	R FALSE S	STATEMEN	NTS		
				mail it or return it as provided in the Instructions for Absentee Voting which comes with the absentee ballot.					
personally sul	bmit this applica	ation to the mur	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						
	N MY DESIGN								
	N TO ME PERSon to the Munici		(signature of designee)						
used at such refer			the ballot in any way.						
I, THEREFORE, APPLY for a set of absentee voting forms to be				municiplaity in which I reside.  STATEMENT OF DESIGNEE  I, the designee named above, consent to such deignation and will perform the delivery or deliveries indicated without tampering with					
<ul> <li>MY RELIGIOUS TENANTS which forbid secular activity on the day of the referendum.</li> <li>MY DUTIES as a referendum official at a polling place other than my own during all of the hours of voting.</li> </ul>									
				☐ a registrar of voters or deputy registrar of voters in the					
SICKNESS D PHYSICAL DISABILITY				□ a police officer in the munic	inality in	which I r	eside	<u>.</u>	
				nurse.  □ a member of my family.					
of the United States.  MY ABSENCE FROM THE TOWN				Such designee is (check one):  a person caring for me because of my illness, including but not limited to a licensed physician or registered practical					
□ MY ACTIVE SERVICE IN THE ARMED FORCES				☐ deliver my ballot to me ☐ return my ballot to municipal clerk					
required polling place during the hours of voting of the indicated referendum for the reason checked below:				To (check either or both)					
indicated, do herel	by state that I ex	of(complete address)							
I, THE UNDERSI		I hereby designate(Name)							
	STATEMENT OF	ADDI ICANT					NO.		
		Date of Birth		( )	POL. SUBI		VOTIN	NG DISTRICT	
NAME OF APPLICANT (Please print or type)  Applicant's RESIDENCE (VOTING) ADDRESS (No., street, town)					(Check)				
DATE OF REFEREN	DUM			APPPLICA PERSONA		TO DESIGNEE OF APPLICANT			
This application is ONLY for a referendum authorized to be held with less than 3 weeks notice. In such a case, absentee ballots are to be made available within 4 business days after the questions to be voted on are finalized.						GIVEN TO GIVEN PERSONALLY			
to the municipal clerk.					DATE FORMS ISSUED				
This application is to be returned in person to the municipal clerk of the municipality in which you are eligib to vote. Either you, or the proper person you designated on this form, must hand deliver this application						OUTER ENVELOPE SERIAL NO.			
You must complete a	separate Applicati	on for each refere		For Municpal Clerk's use					
LESS THAN 3 WE ED-3R REV 11/2025	EKS NOTICE		AUTHORIZED TO BE HELD WI (Español en otro lado)						