Absentee Ballot Application  
City of Melrose  
Special Election - April 2, 2019

Please complete each section of the form:
1. Print your full name.
2. Print the address where you are registered to vote.
3. Check the appropriate box indicating your preference for obtaining your absentee ballot.
4. Check the reason for applying for an absentee ballot.
5. Print your date of birth, telephone number and email address.
6. Sign and date your application.
7. If the applicant is unable to complete and sign this application because of blindness, physical disability, or inability to read, any person designated by the voter may do so.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to $10,000 and up to five years in prison.

This absentee ballot application is being requested for the April 2, 2019 Special Election

1. NAME: LAST_________________________ FIRST ___________________________ MI

2. YOUR LEGAL VOTING ADDRESS: ______________________________________________________

3. COMPLETE AND CHECK ONE OF THE FOLLOWING:
   _______ Mail ballot to me at the above address.
   _______ I am voting in the Election Office.
   _______ Mail ballot to me at this address:
   Address: ________________________________________________________________
   City: ___________________________ State: ________ Zip Code: ________________

4. CHECK THE REASON FOR VOTING ABSENTEE:
   _______ Absence from Melrose during normal polling hours (7am-8pm)
   _______ Physical disability preventing you from going to your polling location
   _______ Religious belief

5. DATE OF BIRTH \ TELEPHONE \ EMAIL ADDRESS
   /_/_/____ (_____)__________________ ____________________________
   mm  dd  yyyy

6. SIGNED: __________________________ DATE: __________________________
   (Signed under penalty of perjury)

7. ONLY TO BE COMPLETED BY ANY PERSON ASSISTING AN APPLICANT:
   I assisted in completing this application since the applicant was unable to do because of ____________________.
   __________________________ __________________________
   Signature of assisting person Printed name of assisting person
   (Signed under penalty of perjury)