Complete and sign the form

Please print legibly I request a ballot for the September 21, 2024 Election.	I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election for the reason checked below and that the information contained herein is true.
Full name:	Check the appropriate box below:
Address that establishes your eligibility to vote:	☐ I am in the public service of the U.S. or of this State, or am a citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or am such person's spouse or dependents when residing with or accompanying the person, or am absent from this State because of illness or injury received while serving in the armed forces of the U.S.
Date of birth:	☐ I am in the armed forces of the U.S. or the Merchant Marine of the U.S., or attached to and serving with the armed forces of the U.S. in the American Red Cross or United Service Organizations.
Date of birth.	☐ My business or occupation, including the business or occupation of providing care to a parent, spouse
Phone number:	or that person's child who is living at home and requires constant care due to illness or injury.
Mail my ballot to this address, not to the one above:	☐ I am sick or physically disabled.
	☐ I am absent from the municipality while on vacation.
	☐ I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.
For Office use only	☐ I am a non-resident property owner or non-resident leaseholder and will not be present on the day of the election.
Ballot type:	
Mail ☐ In-person☐ ID:	My expected location on Election Day is:
Date application returned:	My Election Day phone number:
Voucher number:	
Date ballot mailed:	Voter's signature:
Date ballot returned:	Date: