R E F E R E N D U M

DONNA M. ANASTASIA TOWN CLERK
TOWN OF WESTON
P.O. BOX 1007
56 NORFIELD ROAD
WESTON CT 06883

APPLICATION FOR ABSENTEE BALLOT FOR REFERENDUM AUTHORIZED TO BE HELD WITH LESS THAN 3 WEEKS NOTICE

ED-3R REV 2/00 (Secs. 9-140 and 9-369c) (Español en otro lado)

For Municipal Clerk's Use

OUTER ENVELOPE SERIAL NO.

DATE FORMS ISSUED

(Check)	GIVEN TO APPLICANT PERSONALLY	GIVEN PERSONALLY TO DESIGNEE OF APPLICANT
▶		

You must complete a separate Application for each referendum.

This application is to be returned in person to municipal clerk of municipality in which you are a eligible to vote. Either you, or the proper person you designated on this form, must hand deliver this application to the municipal clerk.

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

DATE OF REFERENDUM APR 2 8

NAME OF APPLICANT *(Please print or type)*	Applicant's Date of Birth	RESIDENCE (VOTING) ADDRESS *(No., street, town)*	POL. SUBDIVISION (if applicable)	VOTING DISTRICT NO.

STATEMENT OF APPLICANT

I, THE UNDERSIGNED, 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 referendum for the reason checked below:

- ❑ **MY ACTIVE SERVICE IN THE ARMED FORCES** of the United States.
- ❑ **MY ABSENCE FROM THE TOWN** during all of the hours of voting.
- ❑ **MY ILLNESS** ❑ **MY PHYSICAL DISABILITY**
- ❑ **MY RELIGIOUS TENANTS** which forbid secular activity on the day of the referendum.
- ❑ **MY DUTIES** as a referendum official at a polling place other than my own during all of the hours of voting.

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

- ❑ **TO BE GIVEN TO ME PERSONALLY** (Check this box if you apply in person to the Municipal Clerk at his office.)
- ❑ **TO BE GIVEN TO MY DESIGNEE PERSONALLY** as indicated herein, if applicable, for delivery to me. (Note: Designee must personally submit this application to the municipal clerk.)

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)

DATE SIGNED	SIGNATURE OF APPLICANT
	X

I hereby designate _____
(Name)

of _____
(complete address)

To (check either or both)

❑ deliver my ballot to me ❑ return my ballot to municipal clerk

Such designee is (check one).

- ❑ a person caring for me because of my illness, including but not limited to a licensed physician or a registered practical nurse
- ❑ a member of my family
- ❑ a police officer in the municipality in which I reside
- ❑ a registrar of voters or deputy registar of voters in the municipality in which I reside.

STATEMENT OF DESIGNEE

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

_____
(signature of designee)

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 mail it or return it as provided in the Instructions for Absentee Voting which comes with the absentee ballot.

PENALTIES FOR FALSE STATEMENTS

[a] PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BALLOTING 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) **[b]** False statement in absentee balloting is a class D felony. (Sec. 9-359a) **[c] A SENTENCE** for a class D felony shall be at least one year but may not exeed five years in prison. (Sec. 53a-35a) **[d] A FINE** for the conviction of a class D felony shall not exeed five thousand dollars. (Sec. 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.