Complete and sign the form

I request a ballot for the April 20, 2024 Election. Full name: Address that establishes your eligibility to vote:	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.
readiless that establishes your engisliney to vote.	Check the appropriate box below:
	□ 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
Phone number:	with the armed forces of the U.S. in the American Red Cross or United Service Organizations.
Mail my ballot to this address, not to the one above:	 My business or occupation, including the business or occupation of providing care to a parent, spouse or that person's child who is living at home and requires constant care due to illness or injury. 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 Mail □ In-person□ ID:	☐ I am otherwise authorized pursuant to the Federal Uniformed and Overseas Citizens Absentee Voting Act to vote by absentee ballot.
Date application returned:	lacksquare I am otherwise authorized by federal law to vote by absentee ballot.
Voucher number:	My expected location on Election Day is:
Date ballot mailed: Date ballot returned:	My Election Day phone number:
	Voter's signature: