TOWN OF BEDFORD

APPLICATION FOR
THE ANNUAL TOWN/SCHOOL ELECTION ABSENTEE BALLOT RSA 657:4

ABSENCE, RELIGIOUS OBSERVANCE OR DISABILITY

MARCH 14, 2023

I,_____
(PRINT FULL NAME)

HEREBY DECLARE THAT:

- ❒ **I AM** A DULY QUALIFIED VOTER WHO IS CURRENTLY **REGISTERED TO VOTE IN THE TOWN OF BEDFORD.**
- ❒ I AM ABSENT FROM THE TOWN/CITY WHERE I AM DOMICILED AND WILL BE UNTIL AFTER THE NEXT ELECTION, OR **I AM UNABLE TO REGISTER TO VOTE IN PERSON** DUE TO A DISABILITY, AND REQUEST THAT THE FORMS NECESSARY FOR ABSENTEE VOTER REGISTRATION BE SENT TO ME WITH THE ABSENTEE BALLOT.

I WILL BE ENTITLED TO VOTE BY ABSENTEE BALLOT AT THE ELECTION DESIGNATED ABOVE BECAUSE:

- ❒ **ABSENCE**: I PLAN TO BE ABSENT ON THE DAY OF THE ELECTION FROM BEDFORD WHERE I AM DOMICILED
- ❒ **RELIGIOUS COMMITMENT:** I CANNOT APPEAR IN PUBLIC ON ELECTION DAY BECAUSE OF OBSERVANCE OF A RELIGIOUS COMMITMENT.
- ❒ **DISABILITY**: I AM UNABLE TO VOTE IN PERSON DUE TO A DISABILITY.
- ❒ **EMPLOYMENT OBLIGATION**: I CANNOT APPEAR AT ANY TIME DURING POLLING HOURS AT MY POLLING PLACE BECAUSE AN EMPLOYMENT OBLIGATION. FOR THE PURPOSE OF THIS APPLICATION, THE TERM "EMPLOYMENT" SHALL INCLUDE THE CARE OF CHILDREN AND INFIRM ADULTS, WITH OR WITHOUT COMPENSATION.
- ❒ **CONFINEMENT:** I AM CONFINED TO A PENAL INSTITUTION FOR A MISDEMEANOR OR WHILE AWAITING TRIAL.

FOR USE ONLY ON THE MONDAY IMMEDIATELY PRIOR TO THE ELECTION:
I CANNOT APPEAR AT MY POLLING PLACE ON ELECTION DAY BECAUSE THE NATIONAL WEATHER SERVICE HAS ISSUED A WINTER STORM WARMING, BLIZZARD WARNING, OR ICE STORM WARNING FOR ELECTION DAY APPLICABLE TO BEDFORD (CHECK ONE)

- ❒ I AM ELDERLY OR INFIRM OR I HAVE A PHYSICAL DISABILITY, AND WOULD OTHERWISE VOTE IN PERSON BUT I HAVE CONCERNS FOR MY SAFETY TRAVELING IN THE STORM.
- ❒ I ANTICIPATE THAT SCHOOL, CHILD CARE, OR ADULT CARE WILL BE CANCELED, AND WOULD OTHERWISE VOTE IN PERSON BUT WILL NEED TO CARE FOR CHILDREN OR INFIRMED ADULTS.

ANY PERSON WHO VOTES OR ATTEMPTS TO VOTE USING AN ABSENTEE BALLOT WHO IS NOT ENTITLED TO VOTE BY ABSENTEE BALLOT SHALL BE GUILTY OF A MISDEMEANOR. RSA 657:24

MAIL/FAX COMPLETED APPLICATION TO:
BEDFORD TOWN CLERK
24 N. AMHERST ROAD
BEDFORD, NH 03110
PHONE: 603-472-3550 X2
FAX: 603-472-4573
EMAIL: TOWNCLERK@BEDFORDNH.ORG
WWW.BEDFORDNH.ORG

Track your ballot: https://app.sos.nh.gov/Public/AbsenteeBallot.aspx

Verify the receipt of application, date ballot was mailed, and date clerk receives your completed ballot. After election you can learn if your ballot was rejected/not counted and why.

LAST NAME

FIRST NAME

HOME (DOMICILE) ADDRESS:

STREET# STREET NAME APT/UNIT

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

STREET# STREET NAME APT/UNIT

CITY/TOWN STATE ZIP

EMAIL

PHONE (so we can we reach you prior to/on election day if needed)

SIGNATURE DATE

THE APPLICANT MUST SIGN THIS FORM TO RECEIVE AN ABSENTEE BALLOT

ANY PERSON WHO WITNESSES AND ASSISTS A VOTER WITH A DISABILITY IN EXECUTING THIS FORM SHALL PRINT AND SIGN HIS/HER NAME IN THE SPACE PROVIDED ON THIS FORM

I ATTEST THAT I ASSISTED THE APPLICANT IN EXECUTING THIS FORM BECAUSE HE/SHE HAS A DISABILITY.

SIGNATURE

PRINT NAME

****

Official Use Only:

❒**TAKEN/WALKAWAY** **VOTER ID** _____

❒**VOTER VERIFIED** ❒**VOTER NOT REGISTERED**

❒**2ND REQUEST**