



REQUEST FOR ABSENTEE BALLOT(s)
Highgate, VT
TOWN MEETING DAY ~ March 7, 2017

Date of Request: _____

Voters Name: _____

Town of Residence: HIGHGATE, VT

Telephone: _____

MAIL TO VOTER AT: _____

Signature of voter: _____

**** If you are requesting a ballot for someone other than yourself,
you must complete the information below:**

Name of requestor: _____

Address of requestor: _____

Date: _____ Relationship to voter: _____

For Clerks Use Only (circle one)

MAILED VOTED IN OFFICE TOOK BALLOT

Dale Ballot mailed / given to voter: _____

Clerk's signature & date: _____

Date Ballot returned to clerk: _____