

**GENERAL ELECTION  
NOVEMBER 8, 2016  
REQUEST FOR EARLY/ABSENTEE BALLOT**

Full name of Voter: \_\_\_\_\_  
\_\_\_\_\_

Telephone number in case of questions \_\_\_\_\_

Physical address: \_\_\_\_\_ Hinesburg, VT

**Mailing if different:** \_\_\_\_\_  
\_\_\_\_\_

E-mail address: (optional): \_\_\_\_\_

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**SIGNATURE of Absentee Voter or Authorized Person**

**Date**

If application is made by a family member or person authorized by the absentee voter:

Name of Applicant: \_\_\_\_\_

Relationship to Absentee:  Family member  Health Care Provider  Person authorized by Voter

**Military / Overseas ONLY** Email: \_\_\_\_\_

Fax: \_\_\_\_\_

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Office use:  Walk out \_\_\_\_\_  Voted in office \_\_\_\_\_

Phone request \_\_\_\_\_  Mailed \_\_\_\_\_

E-Mail request \_\_\_\_\_  Email / Faxed \_\_\_\_\_ **Military/overseas Only**