

P.O. BOX ~166 Burlington, ME. 04417 E-mail: townoflowellmaine@gmail.com Website: lowellme.org Phone: 732-5177

An absentee ballot request (for mailing) must be received by the Municipal Clerk by the close of business on **Tuesday, June 18, 2024**. Unless special circumstances exist.

Voted absentee ballots must be received by the Municipal Clerk by **8 PM on June 25, 2024**.

| Full Name of Registered Voter Requesting the Ballot | | |
|---|--------------------------------|--|
| 2. Residence Address of Voter | | |
| (Street Address) | | (Municipality) |
| 3. Voter's Date of Birth / / / / | | |
| Daytime Phone Number (optional) | | |
| 5. Method of Delivery of Ballot to the Voter | | |
| a. Issued to the Voter (Application Required if Voter will Vote (| Outside the Municipal Clerk's | Presence) |
| b. By Mail to this Address | | |
| c. \Box By Immediate Family Member of Voter Designated | Here | |
| (Name) | (Relationship to Voter) | |
| d. By this 3rd Person (Designated by the Voter | | |
| | (Name) | (Telephone) |
| 6. Signature of Voter OR | | |
| Immediate Family Member of Voter | | Date |
| Note: If an immediate family member of the voter is compl provided in 5© above. The absentee ballot can be delivered address provided in 5(b). | | |
| 7. Signature of Immediate Family Member Returning the Ballot | | |
| 8. Relationship to Voter | | |
| (Complete Section 7 Only if Ballot was delive | ered to the Voter or a Differe | nt Immediate Family Member of the Voter) |
| | | |
| AIDE CERTIFICATE (Must be completed if Applicant was assisted as If the voter received assistance in reading and/or signing this application certificate. | | d the voter must complete and sign this |
| I helped this voter: read the application is | gn the application | read and sign the application |
| Signature of Aide | | |