

SHAKER REGIONAL SCHOOL DISTRICT
APPLICATION FOR THE SCHOOL DISTRICT ELECTION ABSENTEE BALLOT
MARCH 8, 2022

OFFICE USE

DATE REQUESTED: _____

DATE MAILED: _____ DATE RETURNED: _____

I, _____
(PRINT FULL NAME) (LOCAL ADDRESS)

HEREBY DECLARE THAT:

- ☐ I AM A DULY QUALIFIED VOTER WHO IS CURRENTLY REGISTERED TO VOTE IN THE TOWN OF _____, NH.
- ☐ I AM ABSENT FROM THE TOWN WHERE I AM DOMICILED AND WILL BE UNTIL AFTER THE NEXT ELECTION, OR I AM UNABLE TO REGISTER IN PERSON DUE TO A DISABILITY.

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

- ☐ I PLAN TO BE ABSENT ON THE DAY OF THE ELECTION FROM THE TOWN WHERE I AM DOMICILED.
- ☐ I CANNOT APPEAR IN PUBLIC ON ELECTION DAY BECAUSE OF OBSERVANCE OF A RELIGIOUS COMMITMENT.
- ☐ I AM UNABLE TO VOTE IN PERSON DUE TO A DISABILITY.
- ☐ 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.

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 WARNING, BLIZZARD WARNING, OR ICE STORM WARNING FOR ELECTION DAY APPLICABLE TO SHAKER REGIONAL SCHOOL DISTRICT (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

(SIGNATURE)

(EMAIL ADDRESS-OPTIONAL)

(PHONE NUMBER-OPTIONAL)

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 the application form.

I attest that I assisted the applicant in executing this form because he/she has a disability.

Signature _____ Print Name _____

Mail/fax/or hand deliver this completed form to the Shaker Regional School District Clerk.

MAIL ABSENTEE BALLOT TO:

MAIL/FAX COMPLETED APPLICATION TO:

SHAKER REGIONAL SCHOOL DISTRICT CLERK
58 SCHOOL STREET
BELMONT, NH 03220
TEL: (603) 267-9223 FAX: (603) 267-9225
SKRUGER@SAU80.ORG