

REQUESTING AN ABSENTEE BALLOT

Dresden voters who will be unable to vote on the date of the election due to absence from Town, religious commitments, or physical disability, may request an absentee ballot from the Superintendent of School's office, 41 Lebanon Street, Suite 2, Hanover (643-6050), or from the Hanover or Norwich Town Clerk's office. Voters choosing to vote by absentee ballot will be required to sign a request before obtaining a ballot. If the absentee voter does not elect to complete the ballot in the Superintendent's/Town Clerk's office, **THE BALLOT WILL BE MAILED** to the absentee voter. In compliance with voting regulations, absentee voters will not be allowed to leave the office with a ballot.

An *Application for Official Dresden District Ballot* can be downloaded here. The form must be signed and returned to the SAU office either by mail or fax (643-3073) before a ballot can be sent. **NO COMPLETED REQUEST FORM CAN BE ACCEPTED BY EMAIL, AS AN ORIGINAL SIGNATURE IS REQUIRED.** Please make sure to print your name where appropriate on the form and sign the form. **If the name on the form is not legible, the ballot will become a spoiled ballot and will not be counted.**

If you are requesting a ballot for another person, you may pick up or download a request form, take the form to the absentee voter, obtain that person's signature, and return the request for to the Superintendent's/Town Clerk's office. The absentee ballot will be mailed to the absentee voter.

No requests for absentee ballots will be accepted after 12:00 noon on the day preceding the date for the voting phase of the meeting. If you have any questions, please contact the SAU office for clarification.

Deborah Carter, Dresden District Clerk

APPLICATION FOR OFFICIAL DRESDEN DISTRICT BALLOT

To the Dresden School District Clerk, I _____
(please print)

hereby apply for an official absent voting ballot. I am a duly qualified voter and entitled to vote in the Town of Hanover/Norwich. Mail absentee voter's ballot to:

Signature: _____

Street address: _____

City/Town, State, Zip Code: _____

Return completed, signed form to:
Superintendent of Schools
SAU 70
41 Lebanon Street
Hanover, NH 03755

Or fax completed, signed form to:
603-643-3073