APPLICATION FOR ABSENTEE BALLOT FOR REFERENDUM AU LESS THAN 3 WEEKS NOTICE ED-3R REV 2/00 (Secs. 9-140 and 9-369c)			JTHORIZED TO BE HELD WITH (Español en otro lado)	Fact Municipal Cladia Haa
You	u must complete a separate Appli	cation for each referendum.		For Municipal Clerk's Use
to v	s application is to be returned in prote. Either you, or the proper pe he municipal clerk.	person to municipal clerk of mun erson you designated on this forn	icipality in which you are a eligible n, must hand deliver this application	OUTER ENVELOPE SERIAL NO.
This application is ONLY for a referendum authorized to be held with less than 3 weeks notice. In such a case, absentee ballots are to be made available within 4 business days after the questions to be voted				DATE FORMS ISSUED
	are finalized			GIVEN TO GIVEN PERSONALLY TO DESIGNEE OF
NAME OF APPLICANT (Please print or type) Applicant's Date of Birth RESID			DTING) ADDRESS (No., street, town)	(Check) POL. SUBDIVISION VOTING DISTRICT (if applicable)
	STATEMENT OF	APPLICANT		11141
I, THE UNDERSIGNED, a voter entitled to vote in the referendum indicated, do hereby state that I expect to be unable to appear at the required polling place during the hours of voting of the indicated referendum for the reason checked below:				(Name)
MY ACTIVE SERVICE IN T of the United States.		HE ARMED FORCES		return my ballot to municipal clerk
	MY ABSENCE FROM THE TOWN during all of the hours of voting.		Such designee is (check one). a person caring for me because of my illness, including but not limited to a licensed physician or a registered practical nurse a member of my family	
	MY ILLNESS MY PHYSICAL DISABILITY			
	MY RELIGIOUS TENANTS and any of the referendum.	which forbid secular activity on the	a police officer in the municipality in which I reside	
MY DUTIES as a referendum official at a polling place other than my own during all of the hours of voting.		a registrar of voters or deputy registar of voters in the municipality in which I reside.		
I, THEREFORE, APPLY for a set of absentee voting forms to be used at such referendum, which forms are:			I (SIDDANIE DEGESIONEE)	
☐ TO BE GIVEN TO ME PERSONALLY (Check this box if you apply in person to the Municipal Clerk at his office.)				
TO BE GIVEN TO MY DESIGNEE PERSONALLY as indicated herein, if applicable, for delivery to me. (Note: Designee must personally submit this application to the municipal clerk.) I DECLARE, under the penalties of false statement in absentee balloting, that the above statements are true and correct, and that I				
am the applicant named above. (Sign your legal name in full. A married woman must sign her own first name, not her husband's. If you are unable to write, you may authorize someone to write your name and date in the spaces provided, followed by the word "by" and the signature of the authorized person.) (sec. 9-140) DATE SIGNED SIGNATURE OF APPLICANT			PENALTIES FOR FALSE STATEMENTS [a] PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BAL- LOTING when they intentionally make a false statement on, or sign the name of another person to, the application for absentee voting forms. (Sec. 9-359a) [b] False statement in absentee balloting is a class D felony. (Sec. 9-359a) [c] A SENTENCE for a class D felony shall be at least one year but may not	
	pe completed by any person who assi	·	exeed five years in prison. (Sec. 53a-35a class D felony shall not exeed five thous	a) [d] A FINE for the conviction of a
ısıgi	n this application under penalties of fa	ise staternent in absentee balloting.		~
Signa	ature Print or	Type Name F	Residence Address Ti	elephone No.