| This SepticAtion is form (Cheek one)    Bestine Forms   Primary Forms   Primar | EMERGENCY APPLICATION FOR ABSEN<br>ED-3E REV 8/99 (Secs. 9-133f, 9-140, 9-140b, 9   |   |  |   |  |
|--|---|---|--|---|--|
| The application is to be returned to managed other of municipality in which you are a registered voter by the application is ORLY for those who apply for an algorithms because of undorspeen illness of project disability country within 6 stock before the clock of the topics and project disability country within 6 stock before the clock of the topics and project disability of the p |   |   | (Español en otro lado)   |   |  |
| This application is ONLY for those who supply for an absention ballet because of unforeseen liness or proposed industry occurring within 6 days feeting the close of the point at an electricin, primary or electronic in the production of the close of the point at the decision, primary or referendum.  If the VINFORESEEN ILLIESS OR MY UNFORESEEN PHYSICAL DISABILITY with occurred on   | You must complete a separate Application for each election, primary and referendum  |   |  |   |  |
| physical disability occurring within 6 days before the close of the poles at an election, primary or reference of the close of the poles at an election, primary or provided or the poles at the regular to we consider the provided of the poles at the regular to the provided of the poles at the regular to the provided of the poles at the regular to the provided of the poles at the regular to the provided of the poles at the regular to the poles at the poles at the regular to the poles at the regular to the poles at the poles at the regular to the poles at the regular to the poles at the po | This application is to be returned to municipal clerk of municipality in which you are a registered voter   |   |  | OUTER ENVELOPE SERIAL NO.   |  |
| The APPLICANT   Processor or a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipality in which i reside   Participal from a registrar of votors in the municipal fr | physical disability occurring within 6 days be  | fore the close of the pol   | is at an election, primary or  | DATE FORMS ISSUED   |  |
| Bitter De Particiant   Premary Forms   Agricum   RESIDENCE (YOTING) ADDRESS me, rised, fown)   Progression   No.   | THIS APPLICATION IS FOR (Check one)   |   |  |   |  |
| STATEMENT OF APPLICANT  I, THE UNDERSIGNED, an elector (or applicant for admission as an electror) eligible to vate in the election or primary indicated, or if application, primary or referendum indicated, on hereby state that I expect to be unable to appear at the required poling place during the hours of voting of the indicated election, primary or referendum in the hours of voting of the indicated election, primary or referendum in the treatment of the election, primary or referendum in the treatment of the election, primary or referendum in the primary or referendum in the hours of voting of the indicated election, primary or referendum in the primary or referendum in the hours of voting the hours of voting of the indicated election, primary or referendum in the primary within six days preceding the close of the polis at the election, primary or referendum.  OR  (b)   |   | PHIMARY OR REFERENDUM   | party in which applicant eligible to vote  |   |  |
| STATEMENT OF APPLICANT  I, THE UNDERSIGNED, an elector (or applicate for admission as an elector) eligible to vote in the election or primary indicated, (or it applies for referendum forms, a voter entitled to vote in the referend and the required polling place during the hours of voting of the indicate of electron-growing or referendum forms, a voter entitled to vote in the referend of electron, primary or referendum forms, a voter entitled to vote in the referend of electron. Primary or referendum for the reason chacked below.  (a) U MY UNFORESEEN ILLNESS OR MY UNFORESEEN PHYSICAL DISABILITY which occurred on   |   |   |  |   |  |
| STATEMENT OF APPLICANT  THE UNDERSIGNED, an elector for appliant for admission as an ulactor of lights to vote in the election or primary indicated, or if appling for referendum morals, or the respect to be unable to appear at the required polling place during the hours of voting of the indicate election, primary or referendum for the reason checked below:  [a]  |   | nt's RESIDENCE (Vo  | OTING) ADDRESS (No., street, town)   | (if applicable)   |  |
| an electory eligible to voto in the election or primary indicated, (or if appling for reformation indicated), to hereby state that I expect to be unable to appear at the required polling place during the hours of voting of the indicated election, primary or referendum for the reason checked below.  (a) UMY UNFORESEEN ILLNESS OR MY UNFORESEEN PHYSICAL DISABILITY which occurred on part of the polls at the election, primary or referendum  (b) I am a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum.  (Cue) Lam a PATIENT IN THE FOLLOWING HOSPITAL on the election, primary or referendum election the election, primary or referendu | STATEMENT OF APPL   | ICANT   |  | NO.   |  |
| to deliver my balled to me.  WINFORESEEN PHYSICAL DISABILITY which occured on  | an elector) eligible to vote in the election or pappling for referendum forms, a voter entitled dum indicated), do hereby state that I expect at the required polling place during the hours.   | primary indicated, (or if<br>d to vote in the referen-<br>t to be unable to appear<br>s of voting of the indicat- | in the second of |   |  |
| OR  MY UNFORESEEN PHYSICAL DISABILITY which occured on   | _   |   | to deliver my ballot to me.  |   |  |
| which occured on   | OR  |   | Such designee is (check one).  |   |  |
| within six days preceding the close of the polls at the election, primary or referendum  OR  (b)   |   |   | a person caring for me because of my illness, including but not limited to a licensed physician or a registered or practical nurse   |   |  |
| OR  ((b) ☐ I am a PATIENT IN THE FOLLOWING HOSPITAL on   |   |   | a member of my family  |   |  |
| Larm a PATIENT IN THE FOLLOWING HOSPITAL on being within six days before the close of polis of the election, primary or referendum.    (Name and address of hospital)   Little FORE, APPLY for a set of absentee voting forms to be used at such election, primary or referendum, which forms are:   | election, primary or referendum   |   |  |   |  |
|  |   |   | a police officer in the muni   | cipality in which I reside  |  |
| registrar of voters in the municipality in which I reside    Name and address of hospital)   |   |   |  |   |  |
| I, THEREFORE, APPLY for a set of absentee voting forms to be used at such election, primary or referendum, which forms are:    TO BE GIVEN TO MY DESIGNEE as indicated herein, if applicable, for delivery to me   TO BE MAILED TO ME at the following address, which is my bona fide personal mailing address. (Your bona fide personal mailing address may be either your voting residence or any other address to which you wish the forms mailed. The forms may only be mailed to you personally.)    MAILING ADDRESS (No., Street, Town or city, State, Zip, or Foreign country)  | . ,   | n.  |  |   |  |
| STATEMENT OF DESIGNEE  ☐ TO BE GIVEN TO MY DESIGNEE as indicated herein, if applicable, for delivery to me  OR  ☐ TO BE MAILED TO ME at the following address, which is my bona fide personal mailing address. (Your bona fide personal mailing address may be either your voting residence or any other address to which you wish the forms mailed. The forms may only be mailed to you personally.)  MAILING ADDRESS (No., Street, Town or city, State, Zip, or Foreign country)  MAILING ADDRESS (No., Street, Town or city, State, Zip, or Foreign country)  Mailing Address to which you wish the torms mailed. The forms may only be mailed to you personally.)  Mote: If authorized to deliver ballot to applicant, designee must personally submit this application to the municipal clerk.  Note: If authorized to deliver ballot to applicant, 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 husbands. If you are unable to write, you may authorize someone to write your rame and date in the spaces provided, followed by the word "by" and the signature of the authorized person.)  [a] PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BALLOTING when they intentionally make a false written 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 not exceed five thousand dollars. (Sec. 53a-41 )   | (Name and address of hospi  | tal)  |  |   |  |
| TO BE GIVEN TO MY DESIGNEE as indicated herein, if applicable, for delivery to me  OR  OR  OR  OR  OR  OR  OR  OR  OR  O   | I, THEREFORE, APPLY for a set of abserused at such election, primary or referendum  | ntee voting forms to be   |  |   |  |
| To BE MAILED TO ME at the following address, which is my bona fide personal mailing address. (Your bona fide personal mailing address may be either your voting residence or any other address to which you wish the forms mailed. The forms may only be mailed to you personally.)  MAILING ADDRESS (No., Street, Town or city, State, Zip, or Foreign country)  MAILING ADDRESS (No., Street, Town or city, State, Zip, or Foreign country)  MAILING ADDRESS (No., Street, Town or city, State, Zip, or Foreign country)  Note: If authorized to deliver ballot to applicant, 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 marnied 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.)  [a] PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BALLOTING when they intentionally make a false witten 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 shall be at least one year but may not exeed five years in prison. (Sec. 93-35a) (c] A SENTENCE for a class D felony shall not exeed five thousand dollars. (Sec. 53a-41)  | TO BE GIVEN TO MY DESIGNEE as indicated herein, if applicable, for delivery to me  OR  TO BE MAILED TO ME at the following address, which is my bona fide personal mailing address. (Your bona fide personal mailing address may be either your voting residence or any other   |   | I, the designee named above, consent to such designation and will per-   |   |  |
| DATE SIGNED  SIGNATURE OF APPLICANT  DATE SIGNED  SIGNATURE OF APPLICANT  (To be completed by any person who assists another person in the completion of this application)  PENALTIES application to the municipal clerk.  PENALTIES FOR FALSE STATEMENTS  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.)  SIGNATURE OF APPLICANT  (To be completed by any person who assists another person in the completion of this application)  |   |   | (signature o   | ,   |  |
| 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  Completed by any person who assists another person in the completion of this application)  PENALTIES FOR FALSE STATEMENTS  PENALTIES FOR FALSE STATEMENT IN ABSENTEE BALLOTING when they intentionally make a false written 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 exceed five years in prison. (Sec. 53a-35a) [d] A FINE for the conviction of a class D felony shall not exceed five thousand dollars. (Sec. 53a-41)   |   |   | Note: If authorized to deliver balle personally submit this application  | ot to applicant, designee must to the municipal clerk.            |  |
| for the conviction of a class D felony shall not exceed five thousand dollars. (Sec. 53a-41)  (To be completed by any person who assists another person in the completion of this application)   | 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) |   | [a] PERSONS ARE GUILTY OF FALSE STATEMENT IN ABSENTEE BALLOTING when they intentionally make a false written 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   |   |  |
|  | DATE SIGNED SIGNATURE OF APPLIC   | CANT  | for the conviction of a class D feld   | ison. (Sec. 53a-35a) [d] A FINE ony shall not exeed five thousand |  |
|  | ( To be completed by any person who assists anoth   | ner person in the completion  | n of this application)   |   |  |
|  |   |   |  |   |  |

Residence Address

Telephone No.

Signature

Print or Type Name