

City of Dover

Dear Absentee Voter:

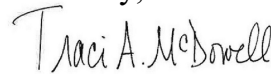
Please fill out Section “1” and either Section “A” or “B” of the Affidavit for Absentee Ballot, whichever is applicable. Please note that if you complete Section “B,” a notary is required. Notary services are available at the City Clerk’s Office, 15 Loockerman Plaza, Dover, DE, if you file your affidavit in person. Our office hours are 8:30 a.m. to 5:00 p.m. Monday - Friday.

Upon completion of the Affidavit, you may either mail or hand deliver it to the City Clerk’s Office. Please note that the Affidavit can be folded for mailing. If you choose to mail your Affidavit, we recommend mailing it by Monday, May 1, 2017 to ensure enough time for us to mail you the Official Ballot and for you to return your ballot before Election Day. All affidavits must be received by the Clerk’s Office, 15 Loockerman Plaza, Dover, DE, by 12:00 noon on Monday, May 15, 2017 (the day before the election).

If you choose to deliver your affidavit in person, you will be permitted to cast your absentee ballot at the time of delivery.

Should you have any questions regarding this procedure, please feel free to contact the City Clerk’s Office at (302) 736-7008 or by e-mail to Cityclerk@dover.de.us.

Sincerely,



Traci A. McDowell, MMC

City Clerk

S:\ELECTIONS - MUNICIPAL\2017 05-16 Election - Special 1st District\FORMS NEEDED EACH ELECTION\Affidavit Instruction Letter-Web.wpd

/tam

P.O. Box 475 ♦ Dover, Delaware ♦ 19903

Community Excellence Through Quality Service

CITY OF DOVER AFFIDAVIT FOR ABSENTEE BALLOT - _____ COMPLETE SECTION "1" AND THEN COMPLETE SECTION "A" OR "B" AS APPROPRIATE

SECTION "1"
PLEASE PRINT LEGIBLY

FULL NAME: _____
ADDRESS WHICH ESTABLISHES ELIGIBILITY TO
VOTE: _____

DATE OF BIRTH: _____
TELEPHONE NUMBER: _____
EMAIL ADDRESS: _____

ADDRESS TO WHICH BALLOT IS TO BE MAILED IF
IT IS DIFFERENT THAN THE ADDRESS ABOVE:

ADDRESS _____
CITY/TOWN STATE ZIP

SECTION "2"
*** OFFICE USE ONLY ***

DISTRICT D- _____ VOUCHER # _____
MAIL _____ IN PERSON _____ OTHER _____
DATE REQUEST RECEIVED: _____
DATE AFFIDAVIT MAILED: _____
DATE AFFIDAVIT RETURNED: _____
DATE BALLOT MAILED: _____
DATE BALLOT RETURNED: _____
REMARKS: _____

SECTION "A"
THIS SECTION DOES NOT HAVE TO BE NOTARIZED

COMPLETE THIS SECTION IF YOU ARE TEMPORARILY OR PERMANENTLY PHYSICALLY DISABLED OR IF YOU CANNOT GO TO YOUR POLLING PLACE BECAUSE OF ONE OF THE OTHER REASONS LISTED BELOW.

I DO SOLEMNLY SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT I AM UNABLE TO GO TO MY REGULAR POLLING PLACE DURING THE FORTHCOMING ELECTION FOR THE REASON CHECKED BELOW AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE.

CHECK THE APPROPRIATE BOX BELOW:

- ☐ I am sick, or temporarily or permanently physically disabled.
- ☐ I am in the public service of the U.S. or of the State of Delaware, or a citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or such person's spouse or dependent residing with or accompanying the person, or am absent from the State because of illness or injury received while serving in the armed forces of the United States.
- ☐ I am in the U.S. Armed Forces, the U.S. Merchant Marines, or attached to and serving with the U.S. Armed Forces in the American Red Cross or United Service Organizations.

SIGNATURE OF VOTER: _____
My expected location on election day is:

(Street)

(City/Town) (State) (Zip Code)
Telephone number at my expected location on Election Day: _____
Date: _____

SECTION "B"
THIS SECTION MUST BE NOTARIZED

COMPLETE THIS SECTION IF YOU CANNOT GO TO YOUR POLLING PLACE FOR ONE OF THE REASONS LISTED BELOW.

I DO SOLEMNLY SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT I AM UNABLE TO GO TO MY REGULAR POLLING PLACE DURING THE FORTHCOMING ELECTION FOR THE REASON CHECKED BELOW AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE.

CHECK THE APPROPRIATE BOX BELOW:

- ☐ Due to the nature of my business or occupation (This includes students and those providing care to a parent, spouse or that person's child who is living at home and requires constant care due to illness or injury)
- ☐ I am incarcerated (not for a felony).
- ☐ I am absent from the municipality while on vacation.
- ☐ Due to the tenets or teachings of my religion.

SIGNATURE OF VOTER: _____
My expected location on election day is:

(Street)

(City/Town) (State) (Zip Code)

Telephone number at my expected location on Election Day: _____
SUBSCRIBED AND SWORN TO BEFORE ME THIS
DAY OF _____

SIGNATURE OF NOTARY OR COMMISSIONED OFFICER _____

**ELECTION MATERIAL
PROCESS IMMEDIATELY**

**CITY CLERK'S OFFICE
CITY OF DOVER
P.O. BOX 475
DOVER, DE 19903-0475**

Place
Postage
Stamp Here