Column "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 Delaware address written above:

_____

_____

_____

I request a ballot for the City of Seaford Election:

[ ] 2016 Municipal Election.

BELOW IS FOR OFFICE USE ONLY

Mail [ ] In Person [ ]

Date Affidavit Returned: _____

Voucher Number: _____

Date Ballot Mailed: _____

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(s) 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 public service of the U.S. or the State of Delaware.
- ☐ I am in the Armed Forces of the United States or the Merchant Marines of the United States, or attached to and serving with the Armed Forces of the United State in the American Red Cross, Society of Friends of the United Service Organization.

Signature of voter: _____

My expected location on Election Day is:

_____

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(s) 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 providing dependent care).
- ☐ I am incarcerated.
- ☐ I am absent from the district while on vacation.
- ☐ Due to the tenets or teachings of my religion.
- ☐ Unavoidably absent from the City the day of the election.

Signature of voter: _____

My expected location on Election Day is:

_____

Telephone number at my expected location on Election Day: _____

Subscribed and sworn to before me this _____

Day of _____

NOTARY: _____