

**APPLICATION FOR ABSENT VOTER BALLOT  
DILLON MUNICIPAL ELECTION  
APRIL 3, 2018**

Election Department  
PO Box 8  
Dillon, CO 80435

**FOR OFFICE USE ONLY**

Absentee Ballot No. \_\_\_\_\_

Date mailed \_\_\_\_\_

Date hand carried by voter: \_\_\_\_\_ (Initial)

ANY REGISTERED VOTER OF A MUNICIPALITY MAY CAST A BALLOT AT THE ELECTION IN AN ABSENT VOTER MANNER PROVIDED FOR IN SECTIONS OF THE "COLORADO MUNICIPAL ELECTION CODE OF 1965", CRS 31-10-1001 TO 31-10-1007.

APPLICATIONS FOR ABSENTEE BALLOTS MUST BE RECEIVED NO LATER THAN 5:00 P.M., FRIDAY, MARCH 30, 2018.

**REGULAR ELECTION DATE: APRIL 3, 2018**

To the Honorable Jo-Anne Tyson, Municipal Clerk of the Town of Dillon, Colorado.

I, \_\_\_\_\_, \_\_\_\_\_, reside at  
(Print full name as registered) (Date of Birth)  
 \_\_\_\_\_ Dillon, Colorado 80435  
(Residence Address) (Apartment Number)

I hereby certify that I am a qualified and registered elector in the Town of Dillon, State of Colorado and have lived at the above address at least thirty days prior to this election.

Please mail a ballot and all necessary supplies for the above-named election to me at the following address:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Number & Street, or PO Box Town/City State Zip Code

**VOTER SIGN HERE X** \_\_\_\_\_

\*Signature of Family Member **X** \_\_\_\_\_

(If not signed by elector)

\*The application for an absentee ballot shall be personally signed by the applicant or a family member related by blood or marriage; or, in case of the applicant's inability to sign, the elector's mark shall be witnessed by another person.

DATE OF APPLICATION: \_\_\_\_\_

**©COLORADO MUNICIPAL ELECTION LAW REQUIRES THAT YOUR BALLOT  
MUST BE IN THE HANDS OF THE MUNICIPAL CLERK BY  
7 P.M., TUESDAY, APRIL 3, 2018  
IN ORDER FOR IT TO BE COUNTED.**