APPLICATION FOR ABSENT VOTER BALLOT
DILLON MUNICIPAL ELECTION
APRIL 7, 2020

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 7, 2020

To the Honorable Adrienne Stuckey, 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 7, 2020 IN ORDER FOR IT TO BE COUNTED.