TOWN OF GILFORD, NH

MARCH 13, 2018

For Office Use Only:

VOTER ID: _____
Date Received: _____
____In Person ___Mail ___ Fax

___ Email Rec'd by _____

APPLICATION FOR OFFICIAL TOWN & SCHOOL DISTRICT ELECTION ABSENTEE BALLOT

To the Town Clerk of Gilford _____
(print your name)

hereby apply for an official absentee ballot. Am a duly qualified voter and entitled to vote in the town of

_____, Gilford, NH 03249.
(registered voter's legal street address)

Mail My Absentee Ballot To:

Signature: _____

Mailing Address: _____

City/Town, State & Country: _____

***Optional Voter Contact Information:**

Telephone Number: _____

Email Address: _____

*for office use only in the event that we have a question or need to contact you regarding your request for an absentee ballot.

Voter Instructions: Deliver In Person, Mail, fax or Scan into Email your **COMPLETED** and **SIGNED** application or letter requesting to:

Town of Gilford
Denise M. Gonyer, CMC
Town Clerk – Tax Collector
47 Cherry Valley Rd.
Gilford, NH 03249
Fax: (603) 527-4719

Questions:
Telephone: (603) 527-4713
Email: dgonyer@gilfordnh.org