

# City of Dover

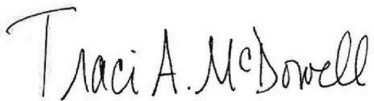
Dear Absentee Voter:

Please complete, print, and sign the [Request for an Absentee Ballot](#). We cannot accept electronic signatures. Upon completion of the Request form, you may either email it to [cityclerk@dover.de.us](mailto:cityclerk@dover.de.us); mail it to City Clerk, P.O. Box 475, Dover, DE 19903; or hand deliver it to the City Clerk's Office at 15 Loockerman Plaza, Dover, DE 19901. If you choose to mail your Request form, we recommend mailing it by Friday, November 5, 2021 to ensure enough time for us to mail you the Official Ballot and for you to return your ballot before Election Day. If you choose to deliver your completed Request form in person, you will be permitted to cast your absentee ballot at the time of delivery.

All completed Request forms must be received by the Clerk's Office, 15 Loockerman Plaza, Dover, DE, by 12:00 noon on Monday, November 15, 2021. Our office hours are 8:30 a.m. to 5:00 p.m. Monday - Friday.

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](mailto:cityclerk@dover.de.us).

Sincerely,



Traci A. McDowell, MMC  
Interim City Clerk

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/mr

**City of Dover - Request for an Absentee Ballot**

Complete and sign (Please print legibly)

**I request a ballot for the November 16, 2021 Special Municipal Election.**

Full name:

Address that establishes your eligibility to vote.

House # & Street:

Zip Code:

Date of birth:

Phone #:

Email:

Mail my ballot to this address, not to the one above (expected election day location):

House # & Street:

City & State or City & Country:

Election Day Phone:

**Check the appropriate box below:**

I am in the public service of the U.S. or of this State, or am a citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or am such person's spouse or dependent when residing with or accompanying the person, or am absent from this State because of illness or injury received while serving in the armed forces of the U.S.

I am in the armed forces of the U.S. or the Merchant Marine of the U.S., or attached to and serving with the armed forces of the U.S. in the American Red Cross or United Service Organizations.

Because of 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 sick or physically disabled.

I am absent from the municipality while on vacation.

I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.

I am incarcerated (not for a felony).

**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 above and that the information contained herein is true.**

Signature:

Date:

**\*\*\* OFFICE USE ONLY \*\*\***

VOUCHER #

DISTRICT D-

APPLICATION REQUESTED:

APPLICATION MAILED:

APPLICATION RETURNED:

BALLOT MAILED:

BALLOT RETURNED

**City of Dover - Request for an Absentee Ballot**  
Complete and sign (Please print legibly)

**I request a ballot for the November 16, 2021 Special Municipal Election.**

Full name: **Jane M. Doe**

Address that establishes your eligibility to vote.

House # & Street: **123 Main Street**

Zip Code: **19904**

Date of birth: **01/02/1993**

Phone #: **(302) 123-4567**

Email: **janemdoe@gmail.com**

Mail my ballot to this address, not to the one above (expected election day location):

**This information only needs to be included if you would like your ballot mailed somewhere other than your home address.**

City & State or City & Country:

Election Day Phone: **(302) 123-4567**

**Check the appropriate box below:**

I am in the public service of the U.S. or of this State, or am a citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or am such person's spouse or dependent when residing with or accompanying the person, or am absent from this State because of illness or injury received while serving in the armed forces of the U.S.

I am in the armed forces of the U.S. or the Merchant Marine of the U.S., or attached to and serving with the armed forces of the U.S. in the American Red Cross or United Service Organizations.

Because of 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 sick or physically disabled.

I am absent from the municipality while on vacation.

I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.

I am incarcerated (not for a felony).

**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 above and that the information contained herein is true.**

Signature:

*Jane M. Doe*

Date:

*11/02/2021*

\*\*\* OFFICE USE ONLY \*\*\*

VOUCHER #

DISTRICT D-

APPLICATION REQUESTED:

APPLICATION MAILED:

APPLICATION RETURNED:

BALLOT MAILED:

BALLOT RETURNED