



File #: 2019-81
08/09/2019 03:48 PM
1 Pages

ELECTION FILINGS

Susan M. Pawluk, Town Clerk



STRATFORD, CT

RECEIVED FOR RECORD
SUSAN M. PAWLUK

2019 AUG -9 PM 3:48

STRATFORD TOWN CLERK

ABSENTEE BALLOT APPLICATION DISTRIBUTOR ACKNOWLEDGEMENT FORM

DATE: August 9, 2019

NAME OF DISTRIBUTOR: Michael Singh

PLEASE PRINT CLEARLY

I AM REQUESTING, 15 ABSENTEE BALLOT APPLICATIONS.

SERIAL # 1789-1793 through SERIAL # 906-915

- I AM DISTRIBUTING THESE APPLICATIONS FOR THE FOLLOWING PRIMARY: **SEPTEMBER 10, 2019**
- I ACKNOWLEDGE THAT I AM THE SOLE DISTRIBUTOR
- I WILL RETURN THE LOG OF APPLICANTS TO THE TOWN CLERK **AT THE LATEST** ONE DAY PRIOR TO THE ELECTION, **SEPTEMBER 9, 2019 BY 4:00 P.M.**
- I WILL RETURN ALL UNUSED APPLICATIONS **AT THE LATEST** ONE DAY PRIOR TO THE ELECTION. **SEPTEMBER 9, 2019 BY 4:00 P.M.**
- I WILL RETURN COMPLETED APPLICATIONS PROMPTLY TO THE TOWN CLERK.
- I WILL **NOT** HANDLE AN ABSENTEE BALLOT. (READ ALL YOU NEED TO KNOW ABOUT ABSENTEE BALLOTS).

I HAVE RECEIVED THE FOLLOWING INFORMATION FROM THE TOWN CLERK:

- ABSENTEE BALLOT APPLICATION DISTRIBUTOR INFORMATION LETTER.
- ALL YOU NEED TO KNOW ABOUT ABSENTEE BALLOTS AND THE SAMPLE WARNING STATEMENT FOR UNSOLICITED APPLICATIONS.
- DISTRIBUTOR LOG OF APPLICANTS.
- **I UNDERSTAND THAT IF I FAIL TO COMPLY WITH THESE STATUTES, I WILL BE REPORTED TO THE STATE ELECTION ENFORCEMENT COMMISSION.**

SIGNATURE OF SOLE DISTRIBUTOR: Michael Singh

ADDRESS OF DISTRIBUTOR: 11 Adams Street

TELEPHONE NUMBER OF DISTRIBUTOR: _____

EMAIL ADDRESS OF DISTRIBUTOR: _____

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Susan M. Pawluk

Stratford Town Clerk

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PLEASE MAKE COPIES OF YOUR LOGS OR APPLICATIONS BEFORE FILING WITH THIS OFFICE.
IF REQUESTING COPIES FROM THE TOWN CLERK'S OFFICE THE FEE IS .50 PER PAGE.