



Town of Goffstown
Town Offices
16 Main Street Goffstown, NH 03045

OFFICIAL USE ONLY
WARD: _____ PARTY: _____
VID#: _____
HAVA ENTER DATE: _____
BALLOT #: _____
DATE MAILED: _____

APPLICATION FOR OFFICIAL GOFFSTOWN TOWN ELECTION ABSENTEE BALLOT.

Please print clearly.

To the Town Clerk of Goffstown I, _____
(PRINT FULL NAME)

Date of Birth ____/____/____, hereby apply for an official absentee ballot for
MM / DD / YYYY
the town and/or school election.

I am a duly qualified voter, and am entitled to vote in district _____.
(1 or 5)

District 1 – Polling Location
Goffstown High School

District 5 – Polling Location
Bartlett Elementary School

(LEGAL STREET ADDRESS) (CITY OR TOWN) (ZIP CODE)

Mail absentee ballot to: Same as legal address above. Alternate mailing address.

(MAILING ADDRESS) _____

(CITY/TOWN, STATE, COUNTRY, ZIP CODE) _____

****SIGNATURE****

I may be contacted to clarify any questions regarding this request by:

Phone # _____ and/or Email _____

Requests may be submitted by mail, facsimile, or in person.

Town Clerk
16 Main Street
Goffstown, NH 03045
Facsimile: 603-497-5710

Please call 497-8990 Ext. 109 or email CBall@GoffstownNH.gov with any questions.