



TOWN OF WESTMINSTER
OFFICE OF THE TOWN CLERK
P.O. BOX 147 WESTMINSTER, VT 05158
Tel. 802-722-4091 Fax 802-722-9816
westminstervt.org

**Westminster Residents
are urged to VOTE!**

**March 3, 2026, at the Westminster Institute
3534 US Route 5, Westminster, VT**

**Town Meeting
February 28, 2026
Warning/Articles
can be reviewed at westminstervt.org**

Request an Absentee Ballot

Voters can request absentee ballots online through the VT voter portal, <https://vote.vermont.gov/public/dashboard>, by paper form in person at the Westminster Town Clerk's Office or by email, clerk@westminstervt.org. The ballot must be returned to the Clerk before the polls close at 7:00 p.m. on Tuesday (March 3, 2026).

Authorized family members or health care providers can request absentee ballots on a voter's behalf. However, they cannot pick up the ballot on their behalf. Only individual voters may receive their ballot. When requesting on behalf of another person, the ballot will be mailed.

Vermont Absentee Ballot Request

Save time. Request a ballot online at vote.vermont.gov.

Use this form to request absentee ballots for elections in 1 calendar year. All absentee voters must submit a new request each year.

Your name If your name has changed, provide your former name.	1	Last name _____	First name _____
		Middle name _____	Former name _____
Residential address This is where you currently live and are registered to vote.	2	Address (not P.O. Box) _____	
		City or Town _____	State VT Zip _____
Mailing address Provide the address where you receive mail. This is where we will send your ballot.	3	<input type="checkbox"/> Same as residential address in section 2 Address or P.O. Box _____	
		City or Town _____	State _____ Zip _____
Election Choose the elections that you want to vote by mail in. You can choose each election or you can choose the period that you want to receive absentee ballots for. You can choose elections for 1 calendar year.	4	<input type="radio"/> I want to vote by mail in the following elections: <input type="checkbox"/> Annual Town Meeting <input type="checkbox"/> All local elections <input type="checkbox"/> General Election <input type="checkbox"/> Primary Election <input type="checkbox"/> Presidential Primary Election (<i>Choose a party</i>) <input type="radio"/> Democratic <input type="radio"/> Republican	Or <input type="radio"/> I want to vote by mail during the following period (within 1 calendar year): Start sending me ballots on (mm/dd/yyyy) _____ Stop sending me ballots on (mm/dd/yyyy) _____
Military, overseas civilian, ill or with disability voters <i>If applicable</i>	5	My voter type (check 1): <input type="radio"/> Military (active in U.S. or overseas) <input type="radio"/> Overseas voter <input type="radio"/> Ill or with disability I want my ballot delivered by (check 1): <input type="radio"/> Email (<i>ballots cannot be returned electronically</i>) _____ <input type="radio"/> Fax _____ <input type="radio"/> Mail _____ <input type="radio"/> Two Justices of the Peace (<i>only if you are ill or with a disability</i>). Phone _____	
Contact information This is helpful if we have a question. <i>Confidential</i> .	6	Phone _____	Email _____
Requesting a ballot for someone else? If yes, the requester must complete and sign this section.	7	Requester's name _____ Organization name (<i>if applicable</i>) _____ Requester's address _____ Requester's phone _____	Relationship to voter <input type="radio"/> Family member <input type="radio"/> Health care provider <input type="radio"/> Person authorized by voter
Signature Required		Voter or requester, sign and date here (Required)  Date (mm/dd/yyyy) _____	
	8	Return your completed and signed form to your Town Clerk. You can: <ul style="list-style-type: none">• Mail it or drop it off in person• Email it Find your Town Clerk's mailing address and email address at tinyurl.com/vtclerks . Track this request and your ballot at vote.vermont.gov .	

2025.06

Official use only

Voted in office
 Ballot picked up at clerk's office

Date of request _____ Ballot mailed date _____ Ballot returned date _____