



ABSENTEE BALLOT APPLICATION
TOWN OF MILLINOCKET
FY 26 SCHOOL BUDGET VALIDATION
REFERENDUM

MAY 20, 2025

Name: _____

Residence Address: _____

Telephone: _____

Mailing address: _____

(If different from above)

DOB: _____

How Requested: _____

Date Requested: _____

Relationship to Applicant: _____

Signature: _____ Date: _____

For Municipal office use only:

Date Received _____

Date Sent _____

Date Returned _____

Mail to: Town of Millinocket

197 Penobscot Avenue

Millinocket, ME 04462