NOTICE OF DEFECTIVE BALLOT AND OPPORTUNITY TO CURE

| Dear | (Voter Name) | |
|-----------------|--|--|
| Your ballot for | or the | election has been received by our ective for the reason(s) indicated below. Having been |
| | • • | JNLESS you take the action described below to cure |
| Your ballot h | as been deemed defective because: | |
| A | The certificate on the voted ballot env | relope was not signed. |
| В | The voted ballot was not inside the vo | ted ballot envelope. |
| C | The two unvoted Primary ballots were | e not returned. |
| | As a first-time registrant in Vermont t documentation before your ballot may | hat registered by mail or online, we need further be counted. |
| E | Our records indicate you have already | returned a ballot for this election. |
| To address t | he defect and ensure your ballot is o | counted: |
| the affirmation | on below. You may also correct these | ar clerk (in person, by mail, or by email) after signing defects in person at the clerk's office, or online at to My Voter Page" and then "CURE BALLOT |
| | | erk to provide the necessary documentation (for reason ly returned a ballot in this election (reason E). |
| possible and | | the completed form to your town clerk as soon as on election day. If you are returning the form by email iness on the day before the election. |
| I, | (print name clearly) | , hereby affirm that, despite the error |
| indicated abo | ove, the ballot returned by me for the e | election indicated above should be counted. |
| | (Voter Signature) | (Date) |