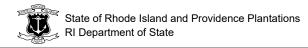
Mail Ballot Application

General Election - November 3, 2020



View your voter information or track your

To receive a mail ballot, you must complete and submit this application to your local board of canvassers by:

Tuesday, October 13, 2020 at 4:00 p.m.

Box A Vote	Box B Address where your mail ballot is to be sent Complete if different from your Box A address					
Full Name of Voter		Name of Institution (if applicable)				
Home Address (w	here you are registered to vote)	Address				
`	RI					
City/Town	State Zip Code	Address				
Date of Birth	Phone Number	City/Town	1	State	Zip Code	
Email Address Fax Number				pplicable for Box C, Categ	ory 3)	
Box C Mail	ballot categories (Choose one:)					
address 2. I am of Rhod State Bot dependence complet where y to be see	or physical disability, blindness or a serious im a listed in Box A <u>or</u> Box B. confined in a hospital, convalescent home, nursive Island. I understand that my ballot will be browned of Elections before election day at the fact employed or in service intimately connected we ent of such person, or I am a United States cities, my mail ballot will be mailed to my local board ou can be contacted regarding your ballot state on not be able to vote at my polling place in my cent to the address listed in Box A <u>or</u> Box B. If your please indicate the address in Box B.	rsing hom ought to n illity listed ith military zen who ard of can us:	ne, rest ne by a in Box y opera will be vasser	home, or similar institute bipartisan pair of electices. B. ations or because I am a outside the United States. Please clearly print a	tion within the State ion officials from the a spouse or es. If Box B is not n email address	
Box D Oath	h of voter and signature					
I declare that all of the information I have provided on this form is true and correct to the best of my knowledge. I am a qualified registered voter and the requester of a main ballot. I further state that I am not a qualified voter of any other cit town or state and have not claimed and do not intend to claimed to vote in any other city/town or state. If unable to sign name because of physical incapacity or otherwise, applicant shall make their mark "X".		1	Attor Inva disq sign	Power of Attorney Signature: A Power of Attorney signature is not valid in Rhode Island. Invalid Signature: Your mail ballot may be disqualified if you submit an electronic or stamped signature, or someone other than you signs this application.		
Full Signature	of Voter:			For Official Use Only: Date Received: Accepted by:		

Precinct: