

Ballot Request

powered by



You have not requested your ballot until you sign, stamp, and mail your completed form!

INSTRUCTIONS

Take these easy steps to complete your ballot request:

1. Review the information on your form carefully. Make sure all fields are filled out and accurate.
2. Sign and date your form. **You must sign** the request form before you mail it.
3. Place your form in an envelope and hand address it to your local election official.
4. Stamp it. Place a first class stamp on your envelope or folded mailer.
5. Mail it! Put your request application in the mail.
6. Vote! Once you receive your ballot, read the instructions carefully, fill out the ballot and return ASAP!

**SUBMIT YOUR COMPLETED,
SIGNED FORM TO:**

Request Deadline:

Reminders for your state:

Mail Ballot Application

General Election - November 3, 2020



State of Rhode Island and Providence Plantations
RI Department of State

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



View your voter information or track your ballot at **vote.ri.gov**

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

Box A Voter information

Full Name of Voter

Home Address (where you are registered to vote)

RI

City/Town

State

Zip Code

Date of Birth

Phone Number

Email Address

Box B Address where your mail ballot is to be sent

Complete if different from your Box A address

Name of Institution (if applicable)

Address

Address

City/Town

State

Zip Code

Fax Number (if applicable for Box C, Category 3)

Box C Mail ballot categories (Choose one:)

I certify that I am eligible for a mail ballot on the following basis:

- ☐ 1. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls because of illness, mental or physical disability, blindness or a serious impairment of mobility. I want my mail ballot to be sent to the address listed in Box A **or** Box B.
- ☐ 2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar institution within the State of Rhode Island. I understand that my ballot will be brought to me by a bipartisan pair of election officials from the State Board of Elections before election day at the facility listed in Box B.
- ☐ 3. I am employed or in service intimately connected with military operations or because I am a spouse or dependent of such person, or I am a United States citizen who will be outside the United States. If Box B is not complete, my mail ballot will be mailed to my local board of canvassers. Please clearly print an email address where you can be contacted regarding your ballot status: _____
- ☐ 4. I may not be able to vote at my polling place in my city/town on the day of the election. I want my mail ballot to be sent to the address listed in Box A **or** Box B. If you request that your ballot be sent to your local board of canvassers, please indicate the address in Box B.

Box D Oath 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 mail ballot.
- I further state that I am not a qualified voter of any other city/town or state and have not claimed and do not intend to claim the right 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".

! 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.

For Official Use Only:

Date Received: _____

Accepted by: _____

Precinct: _____

Full Signature of Voter:

X _____