

# Vermont Absentee Ballot Request

Save time. Request a ballot online at [mvp.vermont.gov](https://mvp.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

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

I want to vote by mail in the following elections:

Annual Town Meeting

All local elections

General Election

Primary Election

Presidential Primary Election (*Choose a party*)

Democratic

Republican

Or

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  
*If applicable*

5

My voter type (check 1): Military (active in U.S. or overseas) Overseas voter Ill or with disability

I want my ballot delivered by (check 1):

Email (ballots cannot be returned electronically) \_\_\_\_\_

Fax \_\_\_\_\_

Mail \_\_\_\_\_

Two Justices of the Peace (*only if you are ill or with a disability*). Phone \_\_\_\_\_

## Contact information

This is helpful if we have a question. *Confidential*.

6

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Requesting a ballot for someone else?

If yes, the requester must complete and sign this section.

7

Requester's name \_\_\_\_\_ Relationship to voter

Organization name (*if applicable*) \_\_\_\_\_ Family member

Requester's address \_\_\_\_\_ Health care provider

Requester's phone \_\_\_\_\_ Person authorized by voter

## Signature

**Required**

8

**Voter or requester, sign and date here (Required)**

X \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Return your completed and signed form to your Town Clerk. You can:

- Mail it or drop it off in person
- Email it

Find your Town Clerk's mailing address and email address at [tinyurl.com/vtclerks](https://tinyurl.com/vtclerks).

Track this request and your ballot at [mvp.vermont.gov](https://mvp.vermont.gov).

## Official use only

2022.01

☐ Voted in office

☐ Ballot picked up at clerk's office

Date of request \_\_\_\_\_ Ballot mailed date \_\_\_\_\_ Ballot returned date \_\_\_\_\_