## Vote By Mail Accessible Application



<b>Section 1- Voter Information</b> : Provide your name, the address where you are registered to vote, date of birth and email address.  Name	
	Phone Number (optional):
E-mail Address (required):	
ballot option if you are not registered in a party. mail or by hand, provide your mailing address fo	pallot(s) you want to receive by mail. Choose a primary If you want to print your marked ballot and return by or the local election official to send you the appropriate ectronically, you do not need to provide a mailing address.
Elections:	Primary Ballot (choose one):
All Elections This Year	Democratic
A Specific Election (specify date):	Republican
	Libertarian
	No Primary Ballots
Mailing Address	
Section 3 - Accommodations: Check the appro	priate boxes to request an accommodation.
Voter seeks access to the Accessible Vote mark a paper ballot.	by Mail system because voter is unable to independently
Voter signed with a typewritten name bed signature.	cause they cannot independently insert a hand-drawn
for a family member, fill out this section. If you a are requesting for a family member, sign your n	
Voter required assistance in completing a	application due to physical disability
This application is being made by a famil	y member
Relationship to Voter:	
Signed (under penalty of perjury):	Date:
	ed application to the local election office for your city or

town. Find contact information for local election officials at www.VoteInMA.com or by calling 1-800-462-VOTE (8683).

**Application Deadlines**: This application must reach your local election office by 5 p.m. on the fifth business day before Election Day.