

2019 City of Everett Absentee Ballot Application

How to use this form

1. Check all boxes that apply to you. If the absentee ballot is to be used for primary, circle the applicable party. Remember, in order to participate in a primary, you must be registered as a member of that party or as an unenrolled (independent) voter.
2. Print your name: last name, first name, middle name or initial
3. Print the address where you are registered to vote
4. Check the appropriate box indicating your preference for obtaining your absentee ballot.
5. Check the reason for applying for an absentee ballot
6. Print your date of birth: month, day, year
7. Telephone number in case we have question regarding your application
8. E-mail address
9. Print today's date
10. Sign your name
11. If the applicant is unable to complete and sign this application because of blindness, physical disability, the inability to read or the inability to read English, any person designated by the voter may do so.

WARNING: ILLEGAL ABSENTEE VOTING, INCLUDING MAKING A FALSE APPLICATION, IS PUNISHABLE BY A FINE OF UP TO \$10,000 AND UP TO FIVE YEARS IN PRISON

1. This absentee ballot application is being made for:

Municipal Preliminary Sept 17, 2019 _____ Municipal Election Nov. 5, 2019 _____

2. NAME: LAST _____ **FIRST** _____ **MIDDLE** _____

3. YOUR LEGAL VOTING ADDRESS: _____

4. COMPLETE AND CHECK ONE OF THE FOLLOWING:

_____ Mail ballot to me at this address:

_____ I am voting in the Election Office

5. REASON FOR VOTING ABSENTEE (check one)

_____ Absence from your city of town during normal polling hours (7am-8pm)

_____ Physical disability preventing you from going to the polling place

_____ Religious belief

6. DATE OF BIRTH

7. TELEPHONE #

8. EMAIL ADDRESS

_____/_____/_____

9. TODAY'S DATE ____/____/_____

10. SIGNED _____

(signed under penalty of perjury)

11. ONLY TO BE COMPLETED BY ANY PERSON ASSISTING APPLICANT. Complete and sign the following. I assisted in completing this application since the applicant was unable to do so because of _____

Signature of assisting person (signed under penalty of perjury)

Printed name of assisting person

Address (street, city or town, zip code)

MAIL OR RETURN TO CITY OF EVERETT, ELECTION COMMISSION, ROOM 10, 484 BROADWAY, EVERETT, MA 02149