

# Mail Ballot Application

## Special Statewide Bond Referenda Election - March 2, 2021



State of Rhode Island  
RI Department of State

➔ To receive a mail ballot, you must complete and submit this application by:

**Tuesday, February 9, 2021 at 4:00 p.m.**



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



For blind, visually impaired, or voters with disabilities, select this box for an accessible ballot.

### Box A Voter information

Full Name of Voter \_\_\_\_\_

Home Address (where you are registered to vote)

**RI**

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. (Please select this option if voting by mail because of COVID.)

### 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** \_\_\_\_\_