

2021 Vote by Mail Application



William Francis Galvin
Secretary of the Commonwealth

Voter Information

1

Name: _____

Address of Voter Registration:

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

Ballot Information

*For All Elections **X**
*For Specific

2

Mail my **Ballot** to me at:

Assistance (If applicable)

3

Voter required assistance in completing application due to physical disability.

Assisting person's name: _____

Assisting person's address: _____

Signed (under penalty of perjury): _____ **Date:** _____

Eligibility

Any registered voter may use this application to request a mail-in ballot.

Completing the Application

1. Voter Information – Provide your name, the address where you are registered to vote, and date of birth. Telephone number and e-mail address are optional.
2. Ballot Information – Provide the address where you want your ballot mailed.
3. Assistance – If you are assisting a voter in completing this application, complete this section.
4. **Sign your name** – If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.

Submitting the Application

Send the completed application to Town Clerk, 472 Main St., Acton, MA 01720

or email to clerk@actonma.gov or drop off at the Drop Box found at the entrance to Town Hall.

Questions, call 978-929-6620 or email clerk@actonma.gov