

# 2020 Municipal Election Early Ballot Application



William Francis Galvin  
Secretary of the Commonwealth

## Voter Information

1

Name: \_\_\_\_\_

Legal Voting Residence:  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Ballot Information

2

Mail Ballot to: \_\_\_\_\_  
\_\_\_\_\_

## Special Circumstances (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 an early ballot for a local election being held on or before August 1, 2020.

## Completing the Application

1. Voter Information – Provide your name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields.
2. Ballot Information – Provide the address where you want the ballot mailed.
3. Special Circumstances – 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 the local election official at your city or town hall.

Applications can be mailed or hand-delivered. Applications may also be submitted electronically by fax or e-mail, as long as your signature is visible.

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to your local election official by Election Day.

Find contact information for local election officials at [www.sec.state.ma.us/ele](http://www.sec.state.ma.us/ele) or by calling 1-800-462-VOTE (8683).