

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: _____

Email 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 email 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, P.O. Box 378, Weston, MA 02493 or email to davenport.d@westonma.gov or drop-off in the brown drop box found to the left of the glass door entrance of Town Hall, 11 Town House Road.

Questions, call 781-786-5010 or email davenport.d@westonma.gov