Massachusetts Official Early Ballot Application November 8, 2016 State Election



Full name:	last name	first name	middle name or init			
Miss Ms. Mrs. Mr.				Jr. Sr. II III IV (circle one if appropriate)		
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Address at which you street number / street name / ru	are registered to vote: ral route number and box number	apartment number city or too	vn	zip code		
Address at which you	would like to receive yo			72		
street number / street name / ru	ral route number and box number	apartment number city or too	vn	zip code		
Date of birth: month day	nlisted					
E-mail Address (optional):						
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If the applicant is unable	to sign this form, give the na	ame, address and telephone	number (optional) of the p	erson helping the applicant:		
name	70	address	* * * * *	telephone number (optional)		
Signed: (under penalty of pe	erjury)	9 Date:	month day	year		
	Address at which you street number / street name / ru Address at which you street number / street name / ru Date of birth: month day E-mail Address (option	Address at which you are registered to vote: street number / street name / rural route number and box number Address at which you would like to receive yo street number / street name / rural route number and box number Date of birth: month day year E-mail Address (optional): If the applicant is unable to sign this form, give the name / rural route number and box number	Address at which you are registered to vote: street number / street name / rural route number and box number apartment number city or tout Address at which you would like to receive your ballot (if different from street number / street name / rural route number and box number apartment number city or tout Date of birth: month day year E-mail Address (optional): If the applicant is unable to sign this form, give the name, address and telephone address	Address at which you are registered to vote: street number / street name / rural route number and box number apartment number city or town Address at which you would like to receive your ballot (if different from #2): street number / street name / rural route number and box number apartment number city or town Date of birth: month day year Telephone (optional): Check if u E-mail Address (optional): If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the p address		

Instructions

Eligibility

This application may be used by any registered voter in Massachusetts to request an early ballot by mail. This application may only be used for the November 8, 2016 State Election; it is not valid for any other state primary or election.

Voter Information

Please provide your full name and legal voting residence. You may request that your ballot be mailed to any address that is convenient for you.

Contact Information

Providing your phone number or e-mail address will allow your local election official to contact you in case of any problems with your application or address.

Assisting Person

If the applicant requires assistance in completing this form due to physical disability or inability to read English, the person assisting the voter must provide his or her information in the space provided. If the applicant is unable to sign this form, the assisting person must sign the voter's name in the space provided for the voter's signature.

Submitting Your Form

Once the form has been completed, it may be mailed or handdelivered to your local election official. Please allow plenty of time for your ballot to be mailed to you and returned to your local election official. All ballots mailed from within the United States must be received by your local election official no later than close of polls on Election Day.

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Return to City or Town	Clerk or Election	Commission. F	old along	dotted line and	close with tape for mailing.
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name

number and street
, MA

city or town zip code

Place First Class Stamp Here

Whately Town Clerk Town of Whately 4 Sandy Lane So. Deerfield, MA 01373

OR TOWN HALL