

Braille - Tactile

Mail Ballot Application



State of Rhode Island and Providence Plantations
RI Department of State

You must:

- Return this form to your local board of canvassers. See back for a list of Local Board of Canvassers.*
- Include a mail ballot application for each election you would like to vote in.

Voter Information:

First Name Middle Last Name Suffix

Street Address City/Town State Zip Code

Email Address Phone Number

Mail ballot application for Election: (Choose 1)

- All Elections Election (November) Primary (September) Presidential Preference Primary (April)
- Special Election (Please specify): _____

Mail ballot application for Primary: (Choose 1)

- Democrat Republican

Accessible ballot format: (Choose 1)

- Braille Ballot (Grade 1) Braille Ballot (Grade 2) Tactile Ballot with CD

Signature:

Voter Signature Date

For Use by Local Board of Canvassers Only

Date Received: _____

Registered to Vote: Yes No in the City/Town of: _____

Precinct: _____

Signature of Board of Canvassers

* See Back →