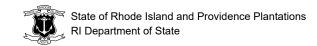
## **Braille - Tactile**

## **Mail Ballot Application**



## 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	n for Election: (Choose 1	)	
All Elections	tion (November)	September)	eference Primary (April)
Special Election (Please	e specify):		
Mail ballot application	n for Primary: (Choose 1		
☐ Democrat ☐ Repu			
Accessible ballot form	nat: (Choose 1)		
☐ Braille Ballot (Grade 1)	☐ Braille Ballot (Grade 2) ☐	Tactile Ballot with CD	
Signature:			
Voter Signature		Date	
For Use by Local Boa	rd of Canvassers Only		
Date Received:			
Precinct:			
Signature of Board of Canva	assers		