

Braille or Tactile

Mail Ballot Application



State of Rhode Island
and Providence Plantations

→ You must return this form to your local board of canvassers.

→ You must also fill out the regular mail ballot application for each election you wish to vote in.

Voter information:

First Name | MI | Last Name

Address

Street Address | City or Town

State | Zip | Phone Number

Mail ballot application for Election: (check one)

Calendar year Primary in September Election in November

Special Election (Please specify): _____

Mail ballot application for Primary: (check one)

Democrat Republican Other: _____

Accessible ballot format: (check one)

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

Signature:

Signature of Voter

Date

For Use by Local Board of Canvassers Only

Date Received: _____

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

Precinct Voting District _____

Signature of Board of Canvassers