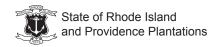
Braille or Tactile

Mail Ballot Application



ightarrow You must return this form	n to your local board of car	nvassers.		
ightarrow You must also fill out the	regular mail ballot applica	tion for eac	n election you wish to vote in.	
Voter information:				
First Name		MI	Last Name	
Address Street Address			City or Town	
Street Address			City or Town	
State	Zip		Phone Number	
Mail ballot application	for Election: (check on	e)		
☐ Calendar year ☐ Pri	imary in September 🗌	Election in	n November	
☐ Special Election (Plea	ase specify):			
Mail ballot application	for Primary: (check one	e)		
☐ Democrat ☐ Moder	rate 🗌 Republican	Other:_		
Accessible ballot forma	at: (check one)			
☐ Braille Ballot (Grade 1	1) 🗌 Braille Ballot (Gra	ade 2)	Tactile Ballot with CD	
Signature:				
Signature of Voter			 Date	-
Signature or voter			Date	
For Use by Local E	Board of Canvasse	rs Only		
Date Received:				
Registered to Vote:	Yes No in the City	Town of		
Precinct Voting Distric	:t			
0:				
Signature of Board of Can	vassers			