


# Emergency Mail Ballot Application - Primary Instructions

 By signing and returning this application you will become affiliated with the party you chose.

*Esta solicitud también está disponible en español.*

## 1. Indicate the party primary

Choose the name of the party listed at the top of the attached application. You must select a primary in order for the local board to process this application.

## 2. Box A - Voter information

All information **must** be provided in this section. Be sure to clearly print or type.

## 3. Box B - Address where ballot is to be sent

If receiving your ballot at an address other than the one listed in Box A this section must be completed.

## 4. Box C - Mail ballot reasons

There are 4 categories to choose from in this section. Check the category that applies to you. If the address you are having your ballot mailed to is different than the address in Box A, you must provide that address in Box B.

## 5. Box D - Oath of voter and signature

You must read the oath of voter in this section. You must then sign your name in full attesting to the oath. Your signature does not need to be witnessed or notarized.

## 6. Return your completed application

Return your completed application to "Board of Canvassers" in your city/town. Addresses listed below.

### NOTICE TO APPLICANT

If anyone attempts to intimidate or unduly influence you, or interfere with your right to vote, contact your Local Board of Canvassers. Any person knowingly and willfully making a false application or certification or knowingly and willfully aiding and abetting in the making of a false application or certification shall be guilty of a felony and shall be subject to the penalties provided for in section 17-26-1, [RIGL, 17-20-8(D)].

Your application is a matter of public record, but your vote is confidential.

## Local Boards of Canvassers Contact Information

### Barrington Town Hall

283 County Rd. 02806  
247-1900 x4

### Bristol Town Hall

10 Court St. 02809  
253-7000

### Burrillville Town Hall

105 Harrisville Main St.  
Harrisville 02830  
568-4300

### Central Falls City Hall

580 Broad St. 02863  
727-7450

### Charlestown Town Hall

4540 South County Trl. 02813  
364-1200

### Coventry Town Hall

1670 Flat River Rd. 02816  
822-9150

### Cranston City Hall

869 Park Ave. 02910  
780-3126

### Cumberland Town Hall

45 Broad St. 02864  
728-2400

### East Greenwich Town Hall

125 Main St.,  
P.O. Box 111 02818  
886-8603

### East Providence City Hall

145 Taunton Ave. 02914  
435-7502

### Exeter Town Hall

675 Ten Rod Rd. 02822  
294-2287

### Foster Town Hall

181 Howard Hill Rd. 02825  
392-9201

### Glocester Town Hall

1145 Putnam Pike  
P.O. Box B, Chepachet 02814  
568-6206 x0

### Hopkinton Town Hall

1 Town House Rd. 02833  
377-7777

### Jamestown Town Hall

93 Narragansett Ave. 02835  
423-9804

### Johnston Town Hall

1385 Hartford Ave. 02919  
553-8856

### Lincoln Town Hall

100 Old River Rd.  
P.O. Box 100 02865  
333-1140

### Little Compton Town Hall

40 Commons  
P.O. Box 226 02837  
635-4400

### Middletown Town Hall

350 East Main Rd. 02842  
849-5540

### Narragansett Town Hall

25 Fifth Ave. 02882  
782-0625

### Newport City Hall

43 Broadway 02840  
845-5386

### New Shoreham Town Hall

16 Old Town Rd.  
P.O. Box 220 02807  
466-3200

### North Kingstown Town Hall

100 Fairway Drive 02852  
294-3331 x128

### North Providence Town Hall

2000 Smith St. 02911  
232-0900 x234

### North Smithfield

**Municipal Annex**  
575 Smithfield Rd. 02896  
767-2200

### Pawtucket City Hall

137 Roosevelt Ave. 02860  
722-1637

### Portsmouth Town Hall

2200 East Main Rd. 02871  
683-3157

### Providence City Hall

25 Dorrance St.  
Room 102 02903  
421-0495

### Richmond Town Hall

5 Richmond Townhouse Rd.  
Wyoming 02898  
539-9000 x9

### Scituate Town Hall

195 Danielson Pike  
P.O. Box 328,  
North Scituate 02857  
647-7466

### Smithfield Town Hall

64 Farnum Pike, 02917  
233-1000 x116

### South Kingstown Town Hall

180 High St.  
Wakefield 02879  
789-9331 x1231

### Tiverton Town Hall

343 Highland Rd. 02878  
625-6703

### Warren Town Hall

514 Main St. 02885  
245-7340

### Warwick City Hall

3275 Post Rd. 02886  
738-2010

### West Greenwich Town Hall

280 Victory Hwy. 02817  
392-3800

### West Warwick Town Hall

1170 Main St. 02893  
822-9201

### Westerly Town Hall

45 Broad St. 02891  
348-2503

### Woonsocket City Hall

169 Main St.  
P.O. Box B 02895  
767-9221

### Department of State,

### Elections Division

148 W. River St., Providence 02904  
711 (TDD) 222-2340

### State Board of Elections

50 Branch Ave., Providence 02904  
711 (TDD) 222-2345

# Emergency Mail Ballot Application - Primary

## Providence City Council - Ward 10 on October 10, 2019



State of Rhode Island  
and Providence Plantations

→ **Political party:** (check one only)

DEMOCRAT  REPUBLICAN

→ Must be received by your local board of canvassers between  
**September 20 - October 10, 2019 not later than 4 p.m.**

### For Official Use Only

Precinct: \_\_\_\_\_

Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_

### Box A Voter information

Name of Voter

Home Address (where you are registered to vote)

**RI**

City/Town State Zip Code

Date of Birth Phone Number

### Box B Address where ballot is to be sent

Name of Institution (if applicable)

Address

Address

City/Town State Zip Code

Fax Number (if applicable for Box C, category 3)

### Box C Mail ballot reasons. *Please choose one.*

I certify that I am eligible for a mail ballot on the following basis:

- ( ) 1. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls because of illness, mental or physical disability, blindness or a serious impairment of mobility.

If not voting ballot at local board, ballot will be mailed to the address in BOX A or to the **Rhode Island address** provided in BOX B above.

If the ballot is to be given by the local board of canvassers to a person presenting written authorization to pick up the ballot, complete BOX A and fill in the person's name below.

I hereby authorize \_\_\_\_\_  
to pick up my ballot at my local board of canvassers.

- ( ) 2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar institution **within the State of Rhode Island**. Provide the name and address of the facility where you are residing in BOX B above.

- ( ) 3. I am employed or in service intimately connected with military operations or because I am a spouse or dependent of such person, or I am a United States citizen who will be outside the United States.

Complete BOX B above or the ballot will be mailed to the local board of canvassers. Optional: Please clearly print an email address where you can be contacted regarding your ballot status:

- ( ) 4. I may not be able to vote at my polling place in my city or town on the day of the election.

If the ballot is not being mailed to your voter registration address (BOX A) please provide the **address within the United States** where you are temporarily residing in BOX B above.

If you request that your ballot be sent to your local board of canvassers, please indicate so in BOX B above.

I hereby authorize \_\_\_\_\_  
to pick up my ballot at my local board of canvassers.

### Box D Oath of voter and signature

Under the pains and penalty of perjury, I certify that on account of circumstances manifested twenty (20) days or less prior to the election for which I make this application, I will be unable to vote at the polls.

I declare that all of the information I have provided on this form is true and correct to the best of my knowledge. I further state that I am not a qualified voter of any other city or town or state and have not claimed and do not intend to claim the right to vote in any other city or town or state.

If unable to sign name because of physical incapacity or otherwise, applicant shall make his or her mark "X".

### Signature in Full



#### Power of Attorney signature:

A Power of Attorney signature is not valid in Rhode Island.



#### Party Affiliation:

Even if the voter does not cast a ballot in the primary election, by signing and returning this application you will become affiliated with the party you chose.



View your voter information at [vote.ri.gov](http://vote.ri.gov)