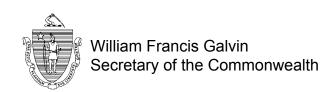
## Somerville 2024 Vote by Mail Application



Section 1- Voter Information:	
Name:	
Address of Voter Registration:	
Ballot Mailing Address (if different):	
Date of Birth:	Phone Number (optional):
E-mail Address (optional):	
Section 2 - Ballot Information:	
Elections:	
All elections (March 5th Presidential Primar	y, September 3rd State Primary, November 5th Presidential Election)
A specific election (date):	
Primary Ballots (choose one):	
Democratic	
Republican	
Libertarian	
No Primary Ballots	
Section 3 - Assistance:	
Voter required assistance in completing appli	cation due to physical disability.
Assisting person's name:	
Assisting person's address:	
This application is being made by a family mo	ember.
Relationship to Voter:	
Signed (under penalty of perjury):	Date:

## **Completing the Application**

- 1. Voter Information Provide your name, the address where you are registered to vote, your ballot mailing address (if different) and date of birth.
- 2. Ballot Information Choose which ballot(s) you want to receive by mail. Choose a primary ballot option if you are not registered in a party.
- 3. Assistance If you're helping someone complete this application, or you're requesting a ballot for a family member, fill out this section.
- 4. Sign your name If you can't sign your name, you may ask someone to sign your name in your presence.

## **Submitting the Application**

Send this completed application to Vote@somervillema.gov, 93 Highland Ave. Somerville, MA 02143 or drop in one of our dropboxes around the City.

## **Application Deadlines**

This application must reach your local election office by 5 p.m. on the fifth business day before Election Day. (February 27th for the Presidential Primary, August 26th for the State Primary, October 29th for the Presidental Election)