

Vermont Absentee Ballot Request

Use this form to request absentee ballots for elections in 1 calendar year. All absentee voters must submit a new request each year.

Save time. Request a ballot online at mvp.vermont.gov.

Your name

If your name has changed, provide your former name.

1

Last name _____ First name _____

Middle name _____ Former name _____

Residential address

This is where you currently live and are registered to vote.

2

Address (not P.O. Box) _____

City or Town _____ State **VT** Zip _____

Mailing address

Provide the address where you receive mail. This is where we will send your ballot.

3

Same as residential address in section 2

Address or P.O. Box _____

City or Town _____ State _____ Zip _____

Election

Choose the elections that you want to vote by mail in.

You can choose each election **or** you can choose the period that you want to receive absentee ballots for.

You can choose elections for 1 calendar year.

4

I want to vote by mail in the following elections:

Annual Town Meeting

All local elections

General Election

Primary Election

Presidential Primary Election (Choose a party)

Democratic Republican

Or

I want to vote by mail during the following period (within 1 calendar year):

Start sending me ballots on (mm/dd/yyyy) _____

Stop sending me ballots on (mm/dd/yyyy) _____

Military, overseas civilian, ill or with disability voters

If applicable

5

My voter type (check 1): Military (active in U.S. or overseas) Overseas voter Ill or with disability

I want my ballot delivered by (check 1):

Email (ballots cannot be returned electronically) _____

Fax _____

Mail _____

Two Justices of the Peace (only if you are ill or with a disability). Phone _____

Contact information

This is helpful if we have a question. Confidential.

6

Phone _____ Email _____

Requesting a ballot for someone else?

If yes, the requester must complete and sign this section.

7

Requester's name _____

Organization name (if applicable) _____

Requester's address _____

Requester's phone _____

Relationship to voter

Family member

Health care provider

Person authorized by voter

Signature

Required

8

Voter or requester, sign and date here (Required)

X _____

Date (mm/dd/yyyy) _____

Return your completed and signed form to your Town Clerk. You can:

- Mail it or drop it off in person
- Email it

Find your Town Clerk's mailing address and email address at tinyurl.com/vtclerks.

Track this request and your ballot at mvp.vermont.gov.

Official use only

2022.01

Voted in office

Ballot picked up at clerk's office

Date of request _____ Ballot mailed date _____ Ballot returned date _____