2024 Vote by Mail Application

Voter Information		
Name:		Email(optional):
Address of Voter Regis	tration:	
Date of Birth:	Phone Number	er (optional):
Ballot Information Please check the Box(ea	s) for the elections you would like to re-	ceive a mailed ballot:
	please mark the bo	specific elections and not all elections for 2024, xes below:
March 2024 Present	Democratic Ballot Republican Ballot Libertarian Ballot	
 May 2024 Local Ele September 2024 Sta 		
November 2024 Sta Ballot Mailing Address	te & Presential Election ONLY	
Assisting person's name Assisting person's addr This application is bein	e:	
Applicant Sig	nature:	Date:
<u>Completing the application</u> : Voter Information: Provide y Ballot information: Choose y Assistance: If you are helpin	Yown of Phillipston may use this application to re- your name, the address where you are registered which ballot(s) you want to receive by mail. Plea g someone complete the application, or are requ- ot sign your name, you may ask someone to sign	to vote, and date of birth ase include your mailing address. esting a ballot for a family member, fill out the section.

Submitting the application: Please either send or bring the executed application to the Town of Phillipston, 50 The Common, Phillipston, MA 01331 Deadlines:

The application <u>must be</u> submitted to the Town Clerk's office by 5pm on the 5th business day before the Election.