

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 _____ Relationship to voter _____
Organization name (*if applicable*) _____ Family member
Requester's address _____ Health care provider
Requester's phone _____ Person authorized by voter

Signature
Required

8 **Voter or requester, sign and date here** (*Required*)
 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 _____