

2025Vote by Mail Application

Voter Information	I
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Name:	Email(optional):
Address of Voter Registration:	
Date of Birth:Phone	e Number:
Ballot Information Please check the Box for the elections you would like	to receive a mailed ballot:
All 2025 Elections	
□ May 13, 2025, Local Election ONLY	
Ballot Mailing Address	
Assistance	
Please fill this out <u>if</u> the voter required assistance in co	
Assisting person's name:Assisting person's address:	
This application is being made by a family member:	
Relationship to voter:	
Applicant Signature:	Date:
Eligibility: Any registered voter in the Town of Clarksburg may use this applie	cation to request a mail-in ballot for any 2025 election.
Completing the application:	
Voter Information: Provide your name, the address where you are a Ballot information: Choose which ballot(s) you want to receive by	
Assistance: If you are helping someone complete the application, or	
Sign your name: If you cannot sign your name, you may ask some	
Submitting the application:	

Please either send or bring the executed application to the Town of Clarksburg, 111 River Rd, Clarksburg, MA 01247 <u>Deadlines</u>: The application <u>must be</u> submitted to the Town Clerk's office by 5pm on the 5th business day before the Election.