

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

Signature Required

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

X	
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 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 _____