Early Voting By Mail Application

This application may be used for all household members who are registered to vote in Newbury. Copies may be made if additional pages are needed. Applications must be received by the Town Clerk by 12 noon on Monday June 15th. 

Ballots will be mailed individually to each eligible applicant.

Instructions:

1. Voter Information – Each voter must provide name, signature, legal voting address, and date of birth. 
   (Contact information is optional but will be helpful should we have any questions regarding this application.)

2. Ballot Information – Provide the address where you want your ballot mailed if different from the residential address.

3. All applicants must provide a signature. Ballots cannot be mailed if the signature is omitted. If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the Special Circumstances, Assisting Person’s Information, on reverse side.

Submitting the Application:

Completed applications can be mailed or hand-delivered to: Town of Newbury, Attn. Town Clerk-12 Kent Way-Newbury, MA 01922. Applications may also be submitted electronically by fax or e-mail, as long as signatures are visible. Email completed applications to: townclerk@townofnewbury.org Fax completed applications to: 978-572-1228

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to the Town Clerk’s office before the polls close on Election Day, June 16, 2020. Ballots cannot be delivered directly to the polls on Election Day. Contact the Town Clerk at 978-465-0862 Ext. 315 or email townclerk@townofnewbury.org with any questions.

Voter Information (list each applicant separately):

1. Name (PRINT): ___________________ Signed under penalty of perjury: ___________________
   
   Legal Voting Residence: __________________________________________________________

   Mailing Address (if different from above): ___________________________________________

   Date of Birth: _______ Telephone Number: ___________ E-mail Address: ___________________

2. Name (PRINT): ___________________ Signed under penalty of perjury: ___________________

   Legal Voting Residence: _________________________________________________________

   Mailing Address (if different from above): ___________________________________________

   Date of Birth: _______ Telephone Number: ___________ E-mail Address: ___________________

3. Name (PRINT): ___________________ Signed under penalty of perjury: ___________________

   Legal Voting Residence: _________________________________________________________

   Mailing Address (if different from above): ___________________________________________

   Date of Birth: _______ Telephone Number: ___________ E-mail Address: ___________________

Add more voters in this household on reverse side
4. Name (PRINT): ____________________________ Signed under penalty of perjury: ____________________________

Legal Voting Residence: __________________________________________________________

Mailing Address (if different from above): ____________________________________________

Date of Birth: _________ Telephone Number: ___________ E-mail Address: __________________

5. Name (PRINT): ____________________________ Signed under penalty of perjury: ____________________________

Legal Voting Residence: __________________________________________________________

Mailing Address (if different from above): ____________________________________________

Date of Birth: _________ Telephone Number: ___________ E-mail Address: __________________

6. Name (PRINT): ____________________________ Signed under penalty of perjury: ____________________________

Legal Voting Residence: __________________________________________________________

Mailing Address (if different from above): ____________________________________________

Date of Birth: _________ Telephone Number: ___________ E-mail Address: __________________

Special Circumstances (If applicable):

The following voter(s) required assistance in completing application due to physical disability (check all applicable corresponding numbers for voters listed above): Voter: 1. □ 2. □ 3.□ 4.□ 5.□ 6.□

Assisting person's name: ____________________________ Assisting person's address: ____________________________

Signed (under penalty of perjury): ____________________________ Date: ____________________________

For Board Of Registrars Use Only

We certify that the voters for whom this application is being made appear to be eligible to vote from the address listed on this application.