

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**TOWN OF TIVERTON, RHODE ISLAND**

**343 HIGHLAND RD, TIVERTON RI**

**APPLICATION FOR ABSENTEE VOTING FOR**

**TIVERTON FINANCIAL TOWN REFERENDUM**

**May 20, 2017**

**AND/OR RUNOFF REFERENDUM ON JUNE 3, 2017 IF NECESSARY**

CHECK ONE	
OR BOTH	

**PLEASE SEND A BALLOT FOR THE MAY 20TH REFERENDUM**

**PLEASE SEND A BALLOT FOR THE JUNE 3RD RUNOFF IF NECESSARY**

I MAY NOT BE ABLE TO VOTE AT MY POLLING PLACE ON THE DAY OF THE REFERENDUM.  
IF THE BALLOT IS NOT BEING MAILED TO YOUR VOTER REGISTRATION ADDRESS (BOX A ) PLEASE PROVIDE THE ADDRESS WITHIN THE UNITED STATES WHERE YOU ARE TEMPORARILY RESIDING IN BOX B .  
IF YOU REQUEST THAT YOUR BALLOT BE SENT TO YOUR LOCAL BOARD OF CANVASSERS, PLEASE INDICATE SO IN BOX B.

**NOTE: THIS APPLICATION MUST BE RECEIVED BY THE BOARD OF CANVASSERS IN TIVERTON NOT LATER THAN 4:00 PM ON MAY 5, 2017**

FOR OFFICIAL USE ONLY
PRECINCT: _____
DATE: _____
ACCEPTED BY: _____

BOX A	(PRINT OR TYPE)	
NAME OF VOTER		
VOTING ADDRESS		
CITY/TOWN	STATE	ZIP CODE
DATE OF BIRTH	PHONE NUMBER	

BOX B	(PRINT OR TYPE)	
NAME OF VOTER		
ADDRESS		
ADDRESS		
CITY/TOWN	STATE	ZIP CODE

I DECLARE THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER STATE THAT I AM NOT A QUALIFIED VOTER OF ANY OTHER CITY OR TOWN OR STATE AND HAVE NOT CLAIMED AND DO NOT INTEND TO CLAIM THE RIGHT TO VOTE IN ANY OTHER CITY OR TOWN OR STATE.

IF UNABLE TO SIGN NAME BECAUSE OF PHYSICAL INCAPACITY \_\_\_\_\_  
OR OTHERWISE, APPLICANT SHALL MAKE HIS OR HER MARK "X" \_\_\_\_\_ SIGNATURE IN FULL

PLEASE NOTE: A POWER OF ATTORNEY SIGNATURE IS NOT VALID IN RHODE ISLAND