

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

September 26, 2020

AND/OR RUNOFF REFERENDUM ON October 10, 2020 IF NECESSARY

CHECK ONE	
OR BOTH	

PLEASE SEND A BALLOT FOR THE SEPTEMBER 26TH REFERENDUM

PLEASE SEND A BALLOT FOR THE OCTOBER 10TH 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 SEPTEMBER 15, 2020

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