

Emergency Mail Ballot Application Instructions

Esta solicitud también está disponible en español.

1. Box A - Voter information

All information **must** be provided in this section. Be sure to clearly print or type.

2. Box B - Address where ballot is to be sent

If receiving your ballot at an address other than the one listed in Box A this section must be completed.

3. Box C - Mail ballot reasons

There are 4 categories to choose from in this section. Check the category that applies to you. If the address you are having your ballot mailed to is different than the address in Box A, you must provide that address in Box B.

4. Box D - Oath of voter and signature

You must read the oath of voter in this section. You must then sign your name in full attesting to the oath. Your signature does not need to be witnessed or notarized.

5. Return your completed application

Return your completed application to “Board of Canvassers” in your city/town. Addresses listed below.

Local Boards of Canvassers Contact Information

Barrington Town Hall

283 County Rd. 02806
247-1900 x4

Bristol Town Hall

10 Court St. 02809
253-7000

Burrillville Town Hall

105 Harrisville Main St.
Harrisville 02830
568-4300

Central Falls City Hall

580 Broad St. 02863
727-7450

Charlestown Town Hall

4540 South County Trl. 02813
364-1200

Coventry Town Hall

1670 Flat River Rd. 02816
822-9150

Cranston City Hall

869 Park Ave. 02910
780-3126

Cumberland Town Hall

45 Broad St. 02864
728-2400

East Greenwich Town Hall

125 Main St.,
P.O. Box 111 02818
886-8603

East Providence City Hall

145 Taunton Ave. 02914
435-7502

Exeter Town Hall

675 Ten Rod Rd. 02822
294-2287

Foster Town Hall

181 Howard Hill Rd. 02825
392-9201

Glocester Town Hall

1145 Putnam Pike
P.O. Box B, Chepachet 02814
568-6206 x0

Hopkinton Town Hall

1 Town House Rd. 02833
377-7777

Jamestown Town Hall

93 Narragansett Ave. 02835
423-9804

Johnston Town Hall

1385 Hartford Ave. 02919
553-8856

Lincoln Town Hall

100 Old River Rd.
P.O. Box 100 02865
333-1140

Little Compton Town Hall

40 Commons
P.O. Box 226 02837
635-4400

Middletown Town Hall

350 East Main Rd. 02842
849-5540

Narragansett Town Hall

25 Fifth Ave. 02882
782-0625

Newport City Hall

43 Broadway 02840
845-5386

New Shoreham Town Hall

16 Old Town Rd.
P.O. Box 220 02807
466-3200

North Kingstown Town Hall

80 Boston Neck Rd. 02852
294-3331 x128

North Providence Town Hall

2000 Smith St. 02911
232-0900 x234

North Smithfield

Municipal Annex
575 Smithfield Rd. 02896
767-2200

Pawtucket City Hall

137 Roosevelt Ave. 02860
722-1637

Portsmouth Town Hall

2200 East Main Rd. 02871
683-3157

Providence City Hall

25 Dorrance St. 02903
421-0495

Richmond Town Hall

5 Richmond Townhouse Rd.
Wyoming 02898
539-9000 x9

Scituate Town Hall

195 Danielson Pike
P.O. Box 328,
North Scituate 02857
647-7466

Smithfield Town Hall

64 Farnum Pike, 02917
233-1000 x116

South Kingstown Town Hall

180 High St.
Wakefield 02879
789-9331 x1231

Tiverton Town Hall

343 Highland Rd. 02878
625-6703

Warren Town Hall

514 Main St. 02885
245-7340

Warwick City Hall

3275 Post Rd. 02886
738-2000

West Greenwich Town Hall

280 Victory Hwy. 02817
392-3800

West Warwick Town Hall

1170 Main St. 02893
822-9201

Westerly Town Hall

45 Broad St. 02891
348-2503

Woonsocket City Hall

169 Main St.
P.O. Box B 02895
767-9221

Department of State,

Elections Division

148 W. River St., Providence 02904
711 (TDD) 222-2340

State Board of Elections

50 Branch Ave., Providence 02904
711 (TDD) 222-2345

Emergency Mail Ballot Application

ELECTION on May 2, 2017



State of Rhode Island
and Providence Plantations

→ Must be received by your local board of canvassers **not later than 4 p.m. on May 1, 2017**

For Official Use Only

Precinct: _____

Date: _____

Accepted by: _____

Box A Voter information

Name of Voter

Home Address (where you are registered to vote)

RI

City/Town

State

Zip Code

Date of Birth

Phone Number

Box C Mail ballot reasons

I certify that I am eligible for a mail ballot on the following basis:

- () 1. I am incapacitated to such an extent that it would be an undue hardship to vote at the polls because of illness, mental or physical disability, blindness or a serious impairment of mobility.

If not voting ballot at local board, ballot will be mailed to the address in BOX A or to the **Rhode Island address** provided in BOX B above.

If the ballot is to be given by the local board of canvassers to a person presenting written authorization to pick up the ballot, complete BOX A and fill in the person's name below.

I hereby authorize _____
to pick up my ballot at my local board of canvassers.

- () 2. I am confined in a hospital, convalescent home, nursing home, rest home, or similar institution **within the State of Rhode Island**. Provide the name and address of the facility where you are residing in BOX B above.

- () 3. I am employed or in service intimately connected with military operations or because I am a spouse or dependent of such person, or I am a United States citizen who will be outside the United States.

Complete BOX B above or the ballot will be mailed to the local board of canvassers. Optional: Please clearly print an email address where you can be contacted regarding your ballot status:

- () 4. I may not be able to vote at my polling place in my city or town on the day of the election.

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 above.

If you request that your ballot be sent to your local board of canvassers, please indicate so in BOX B above.

I hereby authorize _____
to pick up my ballot at my local board of canvassers.

Box B Address where ballot is to be sent

Name of Institution (if applicable)

Address

Address

City/Town

State

Zip Code

Fax Number (if applicable for Box C, category 3)

Box D Oath of voter and signature

Under the pains and penalty of perjury, I certify that on account of circumstances manifested twenty (20) days or less prior to the election for which I make this application, I will be unable to vote at the polls.

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



Power of Attorney signature:

A Power of Attorney signature is not valid in Rhode Island.



View your voter information at vote.ri.gov