



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

APPLICATION FOR A BRAILLE OR TACTILE BALLOT

Please note you must also fill out the regular mail ballot application in order for this request to be processed.

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Print Name of Voter Applying for Accessible Format Ballot		
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Address of Voter	City/Town	Phone
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Signature of Voter		

1. This request is for an accessible format ballot for: (Check one)

Entire calendar year September Primary November Election

Special Election (Please specify) _____

2. If requesting a ballot for a primary, please check off the primary in which you wish to vote:

Democrat Republican Moderate

3. I wish to vote using the following accessible ballot format: (Check one)

Braille Ballot (Grade 1) Tactile ballot with audiocassette

Braille Ballot (Grade 2)

For Use by Local Board of Canvassers Only

Date Received: _____

Registered to Vote: Yes No in the City/Town of _____

Precinct Voting District _____

Signature of Board of Canvassers
