

Sudbury Water District Absentee Ballot Application

See reverse side for instructions

1

Voter Information

Full Name: _____

Legal Voting Residence:

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

2

Ballot Information

Mail Ballot to: _____

Ballot Requested For:

☐ All Sudbury Water District elections this year

3

Special Circumstances (If applicable)

☐ This application is being made by a family member of the voter.

Relationship to voter: _____

☐ Voter is a member of military on active duty or dependent family member of active duty personnel.

☐ Voter is a Massachusetts citizen residing overseas.

☐ Voter is incarcerated, but not for a felony conviction.

☐ Voter has been admitted to a healthcare facility within 7 days of the election and has designated the following person to hand-deliver the ballot:

☐ Voter required assistance in completing application due to physical disability.

Assisting person's name: _____

Assisting person's address: _____

4

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

Eligibility

This application may be completed by...

- A registered voter; or
- A voter's family member (spouse, roommate, parent, sibling, child, aunt, uncle, niece, nephew, grandparent, grandchild, in-law).

Use this application to request an absentee ballot for...

A qualified registered voter who will be unable to vote at the polls on Election Day due to absence from the voter's city or town during polling hours, disability, or religious beliefs.

OR

A non-registered voter who is:

- A Massachusetts citizen absent from the state;
- An active member of the armed forces or merchant marines, their spouse or dependent; or
- A person confined to a correctional facility or jail for reasons other than felony conviction.

Completing the Application

1. **Voter Information** – Provide the voter's name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields.
2. **Ballot Information** – Provide the address where you want the ballot mailed and indicate for which election you are requesting a ballot. Applications for "all elections this year" are valid for one calendar year.
3. **Special Circumstances** – Check any of the listed circumstances which apply to this application, if any.
4. **Sign your name** – If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.

Applications can be mailed or hand delivered. Applications may also be submitted electronically by fax or e-mail, as long as the requester's signature is visible.

Submitting the Application

Send the completed application by **MAIL** to:
Sudbury Water District
P.O. Box 111
Sudbury, MA 01776.

Submit the completed application **ELECTRONICALLY** to:
customerservice@sudburywater.com

HAND DELIVER the completed application to the:
Sudbury Water District Administration Office
199 Raymond Road
Sudbury, MA 01776

FAX the completed application to:
978-440-9587

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to the **Sudbury Water District Administration office** before the close of polls (7 p.m.) on Election Day to:

Contact Sudbury Water District at 978-443-6602 to address questions or concerns about Absentee voting.

FOR SUDBURY WATER DISTRICT USE ONLY

I certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application.

Date