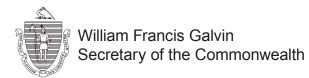
2020 Vote by Mail Application



Voter Information		Name:Address of Voter Registration:		
	4			
	1		Telephone Number:	_
		E-mail Address:		_
Ballot Information		Ballot Requested For:	* Independents – (aka UNENROL Choose Your Primary Ballot:	LEI
		☐ September 1, 2020 Primary*	☐ Democratic	
	2	☐ November 3, 2020 Election	☐ Republican	
	_	☐ All 2020 Elections*	☐ Green-Rainbow	
			☐ Libertarian	
		Mail Ballot to:		_
Assistance (If applicable)	3	·	pleting application due to physical disability.	_
		Assisting person's address:		_
Signed (under r	onalty of	porium/):	Date:	
				_
Completing the A 1. Voter Information	Application n – Provide	your name, the address where you are registe	ered to vote, and date of birth. Telephone	
	n – Choose	which election(s) in which you want to vote I		
State Primary where you want		re Unenrolled (Independent), choose one mailed.	e party ballot. Also provide the address	
		sting a voter in completing this application, con equire assistance in signing the application, y		
name in your pre	esence. Tha	at person must complete the assisting person's		
Submitting the Applications can I		or hand-delivered (dropped in drop box of	outside of town hall - 253 Atlantic Ave).	
Applications may a long as your signat		mitted electronically by fax (781-925-0224) o	<mark>r e-mail (votebymail@town.hull.ma.us), a</mark> s	
			Norda Office by Enm on August 20th for	
		r application must be received at the Town Conditions on October 28th for the November 3		
				쮸
We certify We being made the addres	+60++60			REGISTRAR USE
being made	We certify that the voter whom the application is being made appears to be eligible to vote from			
the addres	• •	the application.		USE