

# Did you know you can vote even if you are hospitalized?

# Visit **PatientVoting.com/rhode-island** or follow the easy step-by-step instructions

- Check if you are registered to vote at vote.org or at https://vote.sos.ri.gov/
- Print and fill out an emergency absentee ballot that is attached (or can be found at https://vote.sos.ri.gov/assets/pdfs/emergency\_mail\_ballot\_general.pdf)
- 3. Fill out the application. Pay special attention to:
  - Box A
  - Box B: make sure you include your building and room number
  - Box C has been completed for you
  - Box D: Read and sign in box D
- 4. A designated family member or friend must drop off the application at your local Board of Canvassers (for your home address that you are registered to vote at) BEFORE 4pm on November 5<sup>th</sup>. They will need their ID card. A list of The Board of Canvassers offices is attached.
- 5. The Rhode Island Board of Elections will process your application and will send a bipartisan worker to the hospital to help you vote.

## For More Information

For more information visit PatientVoting.com or email patientvoting@gmail.com

## RI Board of Elections

Website:

http://www.elections.state.ri.us/voting/

emergency.php

EMAIL: boe.elections@elections.ri.gov

PHONE: (401) 222-2345

# **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

#### 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**

**NOTICE TO APPLICANT** 

If anyone attempts to intimidate or unduly influence you, or interfere with your right to vote, contact your Local Board of Canvassers. Any person knowingly and willfully making a false application or certification

or knowingly and willfully aiding and abetting in the making of a false application or certification shall be guilty of a felony and shall be subject to the penalties provided for in section 17-26-1, [RIGL, 17-20-8(D)]. Your application is a matter of public record, but your vote is confidential.

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

#### **North Kingstown Town Hall**

100 Fairway Drive 02852 294-3331 x128

#### North Providence Town Hall

2000 Smith St. 02911 232-0900 x234

#### North Smithfield Municipal Annex

#### 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. Room 102 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 738-2010

## 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

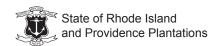
148 W. River St., Providence 02904 711 (TDD) 222-2340

#### State Board of Elections

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

# **Emergency Mail Ballot Application**

ELECTION on November 6, 2018



→ Must be received by your local board of canvassers not later than 4 p.m. on November 5, 2018

For Official Use Only					
Precinct:					
Date:					
Accepted by:					

				Date:	
				Accepted by	y:
Box A Voter information			Box B Address where ballot is to be sent		
Name of Voter			Name of Institution (if applicable)		
Home Address (where yo	ou are registered t	o vote)	Address		
City/Town	State	Zip Code	Address		
Date of Birth	Phone	Number	City/Town	State	Zip Code
			Fax Number (if applicable for Box C, category 3)		
Box C Mail ballot reasons			Box D Oath of voter and signature		
	o such an extent the polls because of lindness or a serio	nat it would be an undue of illness, mental or us impairment of mobility.	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.		
If not voting ballot at local board, ballot will be mailed to the address in BOX A or to the <b>Rhode Island address</b> 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.			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".		
( ) 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.			Signature in Full		
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:			Power of Attorney signature: A Power of Attorney signature is not valid in Rhode Island.		
( ) 4. I may not be able to vote at my polling place in my city or town			■ View your voter information at <b>vote.ri.gov</b>		

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.