

ABSENTEE VOTE BY MAIL INSTRUCTIONS

Every voter who requests an (Early) Vote-by Mail Ballot will receive one of following:

1. Instructions.
2. Ballot-If you are registered in a party, you will receive that party ballot, if you are Unenrolled (*formerly known as Independent*) you had to specify on your application what party ballot you wanted to receive otherwise you will not receive one until you contact us with your choice.
3. AV7 Envelope- Place cast ballot in this envelope that is marked with the voters name and address and sign on line 3. The ballot will not be accepted without the voter's signature.
4. AV8 Envelope-Place signed, sealed, AV7 envelope(containing your cast ballot) inside the pre-addressed , postage paid AV8 Envelope.

AV7 ENVELOPE

207
Commonwealth of Massachusetts

ABSENTEE BALLOT ENVELOPE

Under the penalties of perjury, I swear (or affirm) that I am eligible to vote in Massachusetts at the address below, that I will be absent from my city or town on Election Day or I am prevented from voting at my polling place either by disability or religious belief, and that the information below is true.

VOTER SIGN HERE

1. _____
Voter's signature

2. _____
Voter's printed name

3. _____
Home address (where registered)

ASSISTING PERSON
Complete and sign below

Under the penalties of perjury, I swear (or affirm) that the voter needed assistance in marking the ballot and signing above because of physical disability, inability to read, or inability to read English. The voter swore (or affirmed) the voter affidavit and I then signed the voter's name above.

REMEMBER! Sign voter's name at #1

4. _____
Reason for assistance

5. _____
Assisting person's signature

6. _____
Assisting person's printed name

For Election Official Use Only

Ward / Precinct: Ballot enclosed (the Primary only): <input type="checkbox"/> Democratic <input type="checkbox"/> Republican	Method of Delivery (select one): <input type="checkbox"/> Delivered by mail <input type="checkbox"/> Voted in office <input type="checkbox"/> Delivered by voter or family member <input type="checkbox"/> Delivered to voter at health care facility
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AV8 ENVELOPE

A/S

OFFICIAL 2020
VOTE BY MAIL BALLOT

OFFICIAL ELECTION MAIL
MASSACHUSETTS

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 118 SCITON, MA
POSTAGE WILL BE PAID BY ADDRESSEE

TOWN CLERK
500 GLINIEWICZ WAY STE 1
ABINGTON, MA 02351-9903

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES