



TOWN VOTE BY MAIL APPLICATION 2026

Voter Name: _____

Voter Address: _____ **Burlington MA 01803**

Date of Birth: _____ Phone Number (optional): _____

Election: **April 11, 2026**

Ballot Mailing Address (if different from registered address): _____

If Voter requires assistance in completing application due to physical disability fill out below.

Assisting person's name: _____

Assisting person's address: _____

Application being made by a family member; relation to voter: _____

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

****YOU MUST SIGN FOR YOUR APPLICATION TO BE PROCESSED****

Last Day to register to vote is April 1st - Last day to Apply for a mail in ballot April 6th

RETURN TO THE CLERK OFFICE 29 CENTER ST or Email scanned image to vote@burlington.org



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