



2026 VOTE BY MAIL APPLICATION

(Voters must sign their own application unless they require assistance)

1. Voter Information *(must be registered to vote in Leyden)*

Name: _____

Address of Voter Registration: _____

Date of Birth: _____ Telephone Number: _____

2. Ballot Information ☐ All Elections in 2026 *or choose scheduled elections below:*

☐ June 2, 2026, Annual Town Election

☐ September 1, 2026, State Primary

Select a State Primary Party Ballot*: ☐ Democrat or ☐ Republican

** If you are enrolled in a party, you must select that party ballot for primaries. If you are unenrolled (aka "independent") you may choose your primary ballots and will remain an unenrolled voter.*

☐ November 3, 2026, State Election

Mail Ballot To _____

(If different from the Voter's Registration Address)

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

(Check if applicable)

Assisting person's name: _____

Assisting person's address: _____

4. Signed Under Penalty of Perjury _____

(Signature of voter or person assisting vote, if applicable)

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Eligibility: Any registered voter may use this application to request a mail-in ballot any of the 2026 elections. Completing the Application requires:

1. Voter information – Provide your name, address where you are registered to vote and date of birth. Telephone number is optional, but helpful if we need to contact you with issues otherwise it will not be processed.
2. Ballot Information – Provide the address where you want your ballot mailed if different from registration address.
3. Assistance – If you are assisting a voter in completing this application, complete this section.
4. Sign your name. If you require assistance in completing this application, you may authorize someone to sign in your presence. That person must complete the assisting person's information in Section 3.

Note: *If there are additional voters in the household who wish to apply, there are additional forms on the back of this page.*

ADDITIONAL VOTE BY MAIL APPLICATIONS FOR VOTERS IN HOUSEHOLD
(Voters must sign their own application unless they require assistance)

1. Voter Information (must be registered to vote in Leyden)

Name: _____

Address of Voter Registration: _____

Date of Birth: _____ Telephone Number: _____

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☐ November 3, 2026, State Election

Mail Ballot To _____

(If different from the Voter's Registration Address)

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(Check if applicable)

Assisting person's name: _____

Assisting person's address: _____

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(Signature of voter or person assisting vote, if applicable)

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Name: _____

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☐ November 3, 2026, State Election

Mail Ballot To _____

(If different from the Voter's Registration Address)

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(Check if applicable)

Assisting person's name: _____

Assisting person's address: _____

4. Signed Under Penalty of Perjury _____
(Signature of voter or person assisting vote, if applicable)