



City of Annapolis

Board of Supervisors of Elections
160 Duke of Gloucester Street Annapolis,
MD 21401-2517

Elections@annapolis.gov • 410-263-7929 • Fax 410-280-1853 • TDD use MD Relay or 711 • www.annapolis.gov

Board of Supervisors of Elections Emergency Mail-In Voting Information and Application

(Sections [4.28.010](#), [4.28.020](#) and [4.28.040](#))

After the Friday preceding an election and on the day of the election prior to the time the polls close, any person registered and otherwise qualified to vote may apply for an emergency mail-in ballot if the person is notified after the time for making application for a mail-in ballot that, as a condition of employment, the person is required to be absent from the City on the day of an election, if the person is unable to be physically present at the polls as a result of illness or accident occurring after the time of making application for a mail-in ballot, or if the person is unable to be present because of a death or serious illness in the person's immediate family occurring after the time for making application.

An Election Board employee or election judge is also eligible to apply for an emergency mail-in ballot.

Emergency Mail-In Ballot Application Time Period:

If you are unable to comply with the deadlines for submitting a mail-in ballot application and/or returning a voted mail-in ballot for one of the reasons specified in [Section 4.28.030](#) of the City Code, you may apply for an emergency mail-in ballot starting on September 20, 2021 from 8:30 AM through 4:30 PM and September 21, 2021 from 7:00 AM through 8:00 PM for the Primary Election, and November 1, 2021 from 8:30 AM through 4:30 PM and November 2, 2021 from 7:00 AM through 8:00 PM for the General Election.

Obtaining Emergency Mail-In Ballot Application:

If the voter is able to appear in person, the application may be completed and retained in the City of Annapolis Board of Supervisors of Elections Office, located at 160 Duke of Gloucester Street, Annapolis, Maryland 21401 until Election Day.

If the voter is unable to appear in person, they must appoint an agent, who is a registered voter in the City of Annapolis.

An agent may only act for one voter per election.

The agent is required to comply with the following instructions:

1. Pick up an emergency mail-in ballot application and designation of agent form from the City of Annapolis Board of Supervisors of Elections Office, located at 160 Duke of Gloucester Street, Annapolis, Maryland 21401;
2. Deliver that emergency mail-in ballot application to the absent voter;
3. Return the completed emergency mail-in ballot application to the City of Annapolis Board of Supervisors of Elections Office, located at 160 Duke of Gloucester Street, Annapolis, Maryland 21401;
4. Receive and deliver an emergency mail-in ballot to the absent voter;
5. Witness that the voter completes and seals the emergency mail-in ballot;
6. Sign the *Emergency Mail-In Ballot Designation of Agent* form in the presence of the voter; and
7. Return the completed designation of agent form and emergency mail-in ballot to the City of Annapolis Board of Supervisors of Elections Office, located at 160 Duke of Gloucester Street, Annapolis, Maryland 21401.

An agent may assist a voter in filling out an emergency mail-in ballot application. An agent may not assist a voter in marking any ballot without completing a *Certification of Person Assisting Mail-In Voter* form.

Returning your Voted Mail-In Ballot:

You or your agent may NOT mail your voted emergency mail-in ballot. You or your agent **MUST** take your voted emergency mail-in ballot to your **City of Annapolis Board of Supervisors of Elections Office, located at 160 Duke of Gloucester Street, Annapolis, Maryland 21401 by 8:00 pm on September 21, 2021 for the Primary Election and on November 2, 2021 for the General Election.**



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**City of Annapolis Municipal Election
 Board of Supervisors of Elections
 Emergency Mail-In Ballot Application**

You must be registered to vote to receive a mail-in ballot. Read the instructions on how to receive a mail-in ballot. Under penalty of perjury

Step 1: Tell us who you are. Print your information.

Name: _____ Date of Birth: _____

Street Address: _____ Apt: _____

Annapolis, MD Zip: _____ Ward: _____ Precinct: _____ Party Affiliation: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If you do not live at the address you gave above, print the address where you now live. If your new address is in Maryland, we will update your voter registration information. **Do not** give an address here if you are away for school, work or travel and your address is temporary.

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Step 2: Tell us the election you want a mail-in ballot for:

Mail-in ballot request for (check one):

- | | |
|--------------------|------------------|
| Primary Election | General Election |
| September 21, 2021 | November 2, 2021 |

Step 3: Check if appropriate:

I will be absent from my assigned voting precinct because I am an election judge.

After the Friday immediately preceding this election one of the following conditions occurred: (check one)

- As a condition of employment, I am required to be absent from the City.
- As a result of illness or accident, I am unable to be physically present at the polls.
- As a result of death or serious illness in my immediate family, I am unable to be present at the polls.

Step 4: Sign here. If you do not sign here, we cannot issue you a ballot.

X Signature: _____ **Date:** _____

Note: Designation of Agent Form must be completed, if voter does not make the Emergency Mail-In Ballot Application in person.

Step 5: Certificate of assistance.

If you need help completing this application because you are blind, physically disabled or have impaired vision and are unable to complete this application alone, the person helping you must complete this "Certificate of Assistance" section.

Under penalty of perjury, I hereby certify that the voter named above, who requires assistance because such person is blind, physically disabled or has impaired vision, authorized me to complete this application for them. If the voter was unable to sign this application because such person is blind, physically disabled or has impaired vision, I have printed the voter's name on the Signature of Voter line, followed by my initials.

Signature of Assistant: _____ Date: _____

Printed Name of Assistant: _____