



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

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Emergency Mail-In Ballot Designation of Agent Form

Instructions: Complete this form if you need someone to return a mail-in ballot application and pick up your mail-in ballot. On this form, you can name the person to do this for you. If you need help completing or signing this form, someone may help you. The person helping you must complete Part 3: Certificate of Assistance.

You may select any person to be your agent as long as the person is at least 18 years old and is not a candidate on your ballot. The individual you name to pick up and deliver the mail-in ballot to you must complete Part 2 of this form and submit this form when he or she delivers your mail-in ballot application to the City of Annapolis Board of Supervisors of Elections Office.

Part 1: This part must be completed by the voter.

I designate the following person, who is at least 18 years old and not a candidate on my ballot, to act as my agent and deliver the emergency mail-in ballot application to the City of Annapolis Board of Supervisors of Elections Office, pick up the emergency mail-in ballot from the City of Annapolis Board of Supervisors of Elections Office, deliver it to the voter, and return the voted emergency mail-in ballot to the City of Annapolis Board of Supervisors of Elections Office.

Name of Agent: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ (Used only if needed to process this request.)

Signature of Voter: _____ Date: _____

Part 2: This part must be completed by the agent.

Under penalty of perjury, I hereby certify that I am at least 18 years of age and not a candidate on the voter's ballot. I also certify that I am acting as the voter's designated agent and will pick up and deliver the emergency mail-in ballot to the voter. If the voter indicated above that I will return the voted emergency mail-in ballot to the City of Annapolis Board of Supervisors of Elections Office, I will deliver the voted mail-in ballot to the City of Annapolis Board of Supervisors of Elections Office.

Signature of Agent: _____ Date: _____

If you are also returning the ballot, you will be asked to complete this section when you return the voted ballot.

Under penalty of perjury, I hereby certify that I am returning to the City of Annapolis Board of Supervisors of Elections Office the voted ballot for the voter for whom I am acting as an agent and that I have not altered the ballot.

Signature of Agent: _____ Date: _____

Part 3: 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 Agent: _____ Date: _____

Printed Name of Agent: _____