

City of District Heights, Maryland BOARD OF SUPERVISORS OF ELECTIONS **Mail-In Ballot: Designation of Agent Form**

Instructions: Complete this form if you need someone to return a mail-in ballot request form 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.

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 form to the Board of Supervisors of Elections.

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

l,				, a registered voter in	
Last Name	First		/iddle Initial		
the state of Maryland, des	ignate the following per	son, who is at le	east 18 years old	and not a candidate on	
my ballot, to act as my agen	nt for the City of Distric	et Height, Mond	ay, May 1, 2023	Election	
Street Address		Apt			
City		State	State Zip Code		
Please check the appropr	iate box:				
Deliver my mail-in reque	st form to the Board of	Supervisors of E	Elections, pick up	p my mail-in ballot	
from the Board of Supervis	ors of Elections and del	iver it to me. I w	will mail my vot	ed mail-in ballot to the	
Board of Supervisors of Ele	ections.				
□ Deliver my mail-in ballo	t request form to the Bo	ard of Superviso	ors of Elections	pick up my mail-in	
ballot from the Board of Su	1		· · · · · · · · · · · · · · · · · · ·	1 1 2	
the Board of Supervisors of	· ·		•		
-	-	-			
Name of Agent:					
Street Address:					
City:	Stat	e:	Zip Code:		
Phone Number:					
(use 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 mail-in ballot to the voter. If the voter indicated above that I will return the voted mail-in ballot to the Board of Supervisors of Elections, I will deliver the voted mail-in ballot to the Board of Supervisors of Elections.

Signature of Agent

Date

Under penalty of perjury, I hereby certify that I am returning to the Board of Supervisors of Elections 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

City of District Heights Board of Supervisors of Elections/City Clerk 2000 Marbury Drive District Heights, MD 20747