



CITY OF DISTRICT HEIGHTS

2000 MARBURY DRIVE
DISTRICT HEIGHTS, MARYLAND 20747-2399

TELEPHONE: (301) 336-1402
FAX: (301) 350-3660

APPLICATION FOR ABSENTEE BALLOT

TO: THE BOARD OF SUPERVISORS OF ELECTIONS
CITY OF DISTRICT HEIGHTS, MARYLAND

Date of application _____, 2021

Applicant's name _____

Applicant's residential address _____
Number and Street Name

_____, Telephone Number _____
(City) (State) (Zip)

The applicant affirms that he or she is a qualified voter at the above residential address, and that the above address is his or her residence.

If the applicant voted at the preceding City of District Heights, Maryland election, the residential address from which he or she voted must be entered on the space provided below.

Number and Street Name

(City) (State) (Zip)

Substantial penalties apply for any willful violation of the absentee voting provisions of the Code of Ordinances of the City of District Heights.

Applicant's signature: _____
(Signature of Voter-Name as Registered)

This application must be received in the City Clerk's Office by 4:00pm – Monday, April 26, 2021

RETURN THIS APPLICATION TO:
City of District Heights
Attn: City Clerk
2000 Marbury Drive
District Heights, Maryland 20747

OFFICE USE ONLY

RECV'D _____

VERIFIED REGISTRATION _____

STAFF _____