

AUTHORIZE A DESIGNATED AGENT TO HELP YOU OBTAIN AND/OR RETURN YOUR MAIL-IN OR ABSENTEE BALLOT



To be Completed by the Voter:

*First name: _____ *Last name: _____

Middle name or initial: _____ Jr Sr II III IV

*Address Line 1: _____

Address Line 2: _____

*County _____

*City/Town _____ *State _____ *Zip Code _____

I affirm that I am a voter with a disability as defined in the Americans with Disabilities Act. As such, I hereby authorize _____ (name of designated agent) to do any or all of the following on my behalf: submit a completed paper ballot application to my County Board of Elections, pick up a ballot for me to complete, and deliver or mail the completed ballot to my County Board of Elections. I affirm that I am an eligible voter in the above County and that my signature and name are as shown on this form.

If returning with voted ballot:

I affirm that I have not attempted and will not attempt to submit more than one ballot in this election, and that my ballot has been or will be delivered in accordance with the applicable provisions of the Pennsylvania Election Code.

I make this unsworn statement with the knowledge that any false statement made herein is punishable under 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Signature of Voter _____ Date _____

To be Completed by the Designated Agent:

*First name: _____ *Last name: _____

Middle name or initial: _____ Jr Sr II III IV

*Address Line 1: _____

Address Line 2: _____

*County _____

*City/Town _____ *State _____ *Zip Code _____

I agree to serve as the designated agent for _____ (printed name of voter), who requires assistance because of a disability as defined under the Americans with Disabilities Act, and who authorized me to do any or all of the following on his or her behalf: submit a completed ballot application to the County Board of Elections, pick up a ballot for the above-named voter to complete, and deliver or mail the completed ballot to the Board of Elections after the ballot has been completed in accord with the applicable provisions of the Pennsylvania Election Code. I certify that I have not altered or marked the application, ballot, or return envelope in any manner. Furthermore, I certify that I am not acting as a designated agent during this election for any person who does not live in the same household as the above-named voter. I make this unsworn statement with the knowledge that any false statement made herein is punishable under 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Signature of Designated Agent _____ Date _____