

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



## Who can use this form?

You can use this form if you have a disability, as defined by the Americans with Disabilities Act, and it prevents you from doing any of the following:

- Submitting a paper application for a mail-in or absentee ballot.
- Obtaining your mail-in or absentee ballot in person.
- Returning your voted mail-in or absentee ballot.

## What can I do with this form?

Use this form to authorize a designated agent to submit a paper application for, obtain, and/or return your mail-in or absentee ballot on your behalf. Visit [VotesPA.com/mailballot](https://www.votespa.com/mailballot) or call 1-877-868-3772 for more information.

## Who can be a designated agent?

The person you designate as your agent is only allowed to serve as a designated agent for ONE voter, unless the additional voter(s) live in the same household as you (the voter named in this form).

## How do I use this form?

### If you have not yet requested your ballot:

- You and the designated agent must complete page 2 of this form.
- **The DESIGNATED AGENT SHOULD RETAIN A COPY of the form - they may need to have it on hand when delivering your balloting materials.**
- Return this completed Authorize a Designated Agent Form along with your completed mail-in or absentee ballot application to the county board of elections in person.
- If you mail the Authorize a Designated Agent form to the county board of elections with your completed mail-in or absentee ballot application, the county will mail the balloting materials to the address provided on the mail-in or absentee application.
- Then, either you or your designated agent may return your voted ballot to the board of elections by mail or in-person.

### If you have already requested your ballot:

- You and the designated agent must complete page 2 of this form.
- **The DESIGNATED AGENT SHOULD RETAIN A COPY of the form and keep it on hand when delivering your balloting materials.**
- Contact your county election office for information about how and where to return the completed Authorize a Designated Agent form.
- DO NOT insert the Authorize a Designated Agent form in the white inner secrecy envelope that contains your voted ballot.

# 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 \_\_\_\_\_