

# 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, a registered voter in the City of Salisbury, 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 your mail-in ballot application is delivered to the local board of elections.

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

I designate the following person, who is at least 18 years old, a registered voter in the City of Salisbury, and not a candidate on my ballot, to act as my agent and:

**Please check the appropriate box:**

- Deliver my mail-in ballot application to the Wicomico County Board of Elections, pick up my mail-in ballot from the Wicomico County Board of Elections, and deliver it to me. I will mail my voted mail-in ballot to the Wicomico County Board of Elections.
- Deliver my mail-in ballot application to the Wicomico County Board of Elections, pick up my mail-in ballot from the Wicomico County Board of Elections, deliver it to me, and return my voted mail-in ballot to the Wicomico County Board of Elections.

Name of Agent: \_\_\_\_\_

Street 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, a registered voter in the City of Salisbury, 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 Wicomico County Board of Elections, I will deliver the voted mail-in ballot to the Wicomico County Board of Elections.

\_\_\_\_\_  
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 Wicomico County Board 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

**Part 3: Certificate of Assistance.** If you need help completing this form because you have a disability or are unable to read or write, the person helping you must complete this section.

Under penalty of perjury, I hereby certify that the voter named above, who requires assistance because of disability or inability to read or write, authorized me to complete this application on their behalf. If the voter was unable to sign this application because of a disability or inability to read or write, 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