



BOARD OF SUPERVISORS OF ELECTIONS

Town of Berlin
10 William Street
Berlin, MD 21811

Dear Voter:

Attached, please find an application for an Absentee Ballot for the Town of Berlin's October 6, 2020 Election. **This form must be printed and the signed original returned.** Please fill the form out completely. If the application is incomplete and/or information is missing, your application may be denied.

Returning application:

By mail: If you are returning this application by mail, it must be RECEIVED at the address below on or before September 29, 2020; postmark WILL NOT be considered.

In person: Applications will be accepted IN PERSON up to 5:00 PM on October 2, 2020 at the address below. After September 29, 2020, DO NOT use the Town Hall payment drop boxes to submit your application.

Applications not received by the deadlines as indicated above will not be considered. **Please allow sufficient time for processing to receive the ballot** (i.e. if you are going out of town, allow sufficient time to submit your application and receive the ballot before leaving).

Return your completed application to:
Town of Berlin
Attn: Board of Supervisors of Elections
10 William Street
Berlin, MD 21811.

Thank you.

Any persons having questions about the information contained in this document or needing special accommodations should contact Mary Bohlen at 410-641-4314/mbohlen@berlinmd.gov. Written materials in alternate formats for persons with disabilities are made available upon request. TTY users dial 7-1-1 in the State of Maryland or 1-800-735-2258 outside Maryland.



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Town of Berlin
10 William Street
Berlin, MD 21811

APPLICATION TO VOTE BY ABSENTEE BALLOT

Please read entire form before completing.

FORM MUST BE PRINTED AND SUBMITTED WITH ORIGINAL SIGNATURE.

This form must be received at the address above:

By Mail: NO LATER THAN 5:00 PM, TUESDAY, SEPTEMBER 29, 2020

In Person: NO LATER THAN 5:00 PM, FRIDAY, OCTOBER 2, 2020

Please print or type:

Voter's Name: _____ Date of Birth: ____/____/____
MON DAY YEAR

Address of Residency: _____ _____	Mailing Address (where you wish the ballot to be sent): _____ _____
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PHONE: _____

VOTING DISTRICT OF RESIDENCE: 1 2 3 4
(circle or select one; leave blank if unsure)

I, _____, do hereby request to vote Absentee in the Town of
(PRINT APPLICANT'S NAME)

Berlin Municipal Election scheduled for October 6, 2020 and request an Absentee Ballot.

I understand that I must be a registered voter qualified to vote in the applicable Town Election, and that the Board of Election Supervisors may reject my application by majority vote if it is determined that I am not qualified or eligible to vote in the subject election under the provisions of the Town's election laws.

SIGNATURE OF APPLICANT

DATE

If above information was completed by a person other than the voter, please complete area below:

I, the undersigned completed this form on behalf of the voter named above due to the voter being:

- Disabled
- Illiterate
- Non-English-speaking/reading

I swear, under penalty of perjury, that I was authorized to do so by the voter's express permission. If the voter was unable to sign, I printed his/her name in the space above for "Signature of Applicant" and initialed.

SIGNATURE OF INDIVIDUAL COMPLETING THE FORM

DATE

For Board of Elections use only:

Received _____ Approved _____ Ballot sent: _____ (Date)
Date

Denied _____ by vote of _____ for to _____ against with _____ abstaining

If denied state reason: _____