Board of Elections of Philadelphia County

Designation of Agent to Assist Disabled Voter in Voting by Absentee or Mail Ballot

I hereby designate __________________________________________ to serve as my agent for obtaining an absentee or mail ballot for my use only and to return the ballot after I have completed it and sealed it in the required envelope to the Board of Elections of Philadelphia County. I understand that my completed ballot must be returned to the Board of Elections within the time prescribed by law for voting by absentee or mail ballot. I am qualified under Pennsylvania law to vote by absentee or mail-in ballot because of my physical disability.

____________________________     __________________________________________
Address of Voter                Voter’s Signature
Certification of Designated Agent

I hereby agree to serve as the designated agent for _______________________
(Name of Voter)
for purposes of obtaining an absentee or mail ballot for the above voter only and to return
the ballot, after it has been completed by the voter and sealed in the required envelope to
the County Board of Elections. I certify that I am not acting as the designated agent
during this election for any person who does not live in the same household as the above-
named voter.

__________________________________
Signature of Agent

Name and Address of Agent (Please Print):

__________________________________
__________________________________
__________________________________