

# Absentee Ballot Application for 2024 Leonardtown Election

Please read the instructions before completing this form, and print your information  
I am requesting an absentee ballot

## Part 1 - Voter Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_

## Part 2 - Address Information for Absentee Ballot

I want my absentee ballot: \_\_\_\_\_ mailed to the address printed above  
\_\_\_\_\_ mailed to a different address

I want my absentee ballot mailed to:

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Part 3 - Signature

X \_\_\_\_\_ Date \_\_\_\_\_

## Part 4 - Certificate of Assistance (complete only if someone helped you complete this form)

Under penalty of perjury, I hereby certify that the voter named above needed help completing this form because of a disability or inability to read or write and authorized me to complete this application. If the voter was unable to sign Part 3 of this application because of a disability or inability to read or write, I have printed the voter's name in Part 3 and written my initials.

Signature of Assistant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Assistant \_\_\_\_\_ Date \_\_\_\_\_

**This application must be returned to the office of the Town Commissioners by 4:00 pm on April 30, 2024  
IT MUST BE RECEIVED (NOT JUST MAILED) BY THE DEADLINE ABOVE**