

POCOMOKE CITY, MARYLAND
BOARD OF ELECTIONS SUPERVISORS
P.O. BOX 29
Pocomoke City, Maryland 21851

**APPLICATION FOR AN ABSENTEE BALLOT BY A REGISTERED VOTER
OF POCOMOKE CITY, MARYLAND**

APPLICATIONS MUST BE RECEIVED AT CITY HALL NO LATER THAN 5:00 P.M. ON MONDAY, March 26, 2018, AS REQUIRED BY THE BOARD OF ELECTIONS SUPERVISORS IN ORDER TO BE PROCESSED.

I, _____, hereby apply for an absentee ballot for the municipal election to be held on Tuesday, April 3, 2018.

I reside at the following Pocomoke City Address: _____;

My Pocomoke City Phone No. is _____. My Date of Birth is _____.

Please **mail** the absentee ballot to me at the following address (Absentee Ballots will only be distributed by mail):

Name: _____

Mailing Address: _____

City/State/Zip: _____

OATH OF ABSENTEE VOTER

I, _____, do swear or affirm that I am legally qualified to vote in the Election to be held on April 3, 2018, that I am legally registered to vote in the City of Pocomoke City, Maryland as stated in this application and that I will be unable to vote in person on election day. I am not disqualified from voting under the laws of the State of Maryland or of the City of Pocomoke City and all information contained on this application is true. I intend to vote by absentee ballot and I authorize the voter registration books to be so marked. I ACKNOWLEDGE I MUST UTILIZE THE ABSENTEE BALLOT PROCEDURE ONCE THIS APPLICATION IS RECEIVED BY THE BOARD OF ELECTIONS SUPERVISORS. I UNDERSTAND THAT I WILL NOT BE ALLOWED TO VOTE AT THE POLLS ON ELECTION DAY. I ALSO UNDERSTAND THAT THE ABSENTEE BALLOT WILL BE MAILED TO ME AT THE ADDRESS GIVEN ABOVE. I UNDERSTAND THAT IT WILL BE MY OBLIGATION TO RETURN MY BALLOT BY MAIL, AND THAT MY BALLOT WILL NOT BE COUNTED UNLESS IT IS RECEIVED AT THE DESIGNATED POST OFFICE BOX BY 5:00 P.M. ON THE MONDAY BEFORE THE ELECTION.

Date

Applicant Signature

For Office Use Only:

Voter I.D. No. _____

District No. _____