



# City of Cambridge

## Mail-In (Absentee) Ballot Request Form

To vote by mail, you must be registered to vote in the City. Please visit [elections.maryland.gov](http://elections.maryland.gov) or contact the Dorchester County Board of Elections at (410) 228-2560 to register or update your voter registration.

### Print voter information

Use blue or black ink.

1

Last name \_\_\_\_\_ Suffix (Jr., Sr., III, IV, *if applicable*) \_\_\_\_\_  
 First name \_\_\_\_\_ Middle name or initial \_\_\_\_\_  
 Date of birth (mm/dd/yyyy) \_\_\_\_\_

### Residential address

Provide the address where you are registered to vote. No P.O. Boxes.

2

This address must match your voter registration so that we can send the correct ballot for your precinct or ward.  
 Street \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Election

I want an absentee ballot for (check all applicable):

3

- Special Mayoral Election **only**
- Runoff Election, **if any**

### Where should we send your ballot?

Please see the instructions on page 2 of this form for deadlines.

4

Send my ballot(s) by U.S. Mail to:

- Same** address as above
- Or a **different** address: Street \_\_\_\_\_ Unit # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### About you

In case we have a question.

5

Phone \_\_\_\_\_  
 Email \_\_\_\_\_

If we have a question, how should we contact you?  Email  Phone

### Signature required.

Use a pen. No electronic signatures allowed.

You may have an assistant help you sign this form.

Anyone can help you **EXCEPT** a candidate on your ballot, your employer or an agent of your employer, or an officer or agent from your union. Your assistant must sign the certification below.

6

**Voter, sign and date here** (Required)

<b>X</b>		Date (mm/dd/yyyy)
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**If Assistant, sign here** (Required if the voter received help on this form)

Under penalty of perjury, I hereby certify that this voter needed help with this form because he or she has a disability or is unable to read or write. The voter authorized me to complete this form. If the voter could not sign this form, I printed the voter's name and wrote my initials.

<b>X</b>		Print voter name
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# City of Cambridge

## Application for a Mail-In (Absentee) Ballot – 2022 Special Election - Instructions

Any qualified voter in the City can vote by mail-in, or absentee, ballot, which lets you vote in an election without going to a polling place. To learn more about voter registration or to update your current registration, visit [elections.maryland.gov](https://elections.maryland.gov) or contact the Dorchester County Board of Elections at (410) 228-2560.

### **How to ask for a mail-in ballot?**

- Fill out this form and submit it to the Supervisor of Elections (City Manager) at the address below.
- Under Sec. 3-12(a) of the Charter of the City of Cambridge, applications for a mail-in ballot must be received **prior to Election Day, which is August 23, 2022.**
- If the voter is unable to return their completed mail-in ballot application, they may designate an agent to do so by completing the Designation of Agent for a Mail-In (Absentee) Ballot Application that follows these Instructions.
- It is the voter's responsibility to ensure that a mail-in ballot application and, if applicable, a Designation of Agent form are properly completed and timely delivered to the Supervisor of Elections.

### **How will you receive your mail-in ballot?**

- The City's election vendor, TrueBallot, Inc., will mail you a mail-in ballot in a self-addressed, stamped envelope to mail back to the Supervisor of Elections.

### **When will you receive your mail-in ballot?**

- Mail-in ballots will be sent by TrueBallot, Inc. within two (2) business days upon the Supervisor of Election's receipt of a properly completed application.

### **When must your mail-in ballot be received?**

- Mail-in ballots must be received by the closing of the polls on Election Day in order to be counted.
- It is the voter's responsibility to ensure that mail-in ballots are properly completed and timely delivered.
- Voted mail-in ballots may be returned in person to the polling place.

**Contact Information**

**Supervisor of Elections/City Manager – Tom Carroll**

City Hall  
410 Academy Street  
Cambridge, Maryland 21613  
Telephone: (410) 228-4020  
Facsimile: (410) 228-4554  
E-mail: [tcarroll@choosecambridge.com](mailto:tcarroll@choosecambridge.com)  
City Website: [www.choosecambridge.com](http://www.choosecambridge.com)

**You can ask for this form in large type. Please contact the Supervisor of Elections at the telephone number or e-mail address above.**

# City of Cambridge

## Designation of Agent for a Mail-In (Absentee) Ballot Application – 2022 Special Election

### INSTRUCTIONS

Complete this form if you are not able to return a completed mail-in, or absentee, ballot application and need someone 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 they are at least 18 years old and not a candidate on your ballot. The person you name to deliver the completed mail-in ballot application to you must complete Part 2 of this form and submit the form when they deliver your completed application to the Supervisor of Elections.

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

I designate the following person, who is at least 18 years old and not a candidate on my ballot, to act as my agent and deliver my completed mail-in, or absentee, ballot application to the Supervisor of Elections. I understand that my mail-in ballot will be mailed to me by the City's election vendor, TrueBallot, Inc. within two (2) business days of the Supervisor of Elections' receipt of a properly completed mail-in ballot application.

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

\_\_\_\_\_  
Voter Signature

\_\_\_\_\_  
Voter Print Name

\_\_\_\_\_  
Date

**FORM CONTINUES ON THE NEXT PAGE**

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 and not a candidate on the voter's ballot. I also certify that I am acting as the voter's designated agent and will deliver the voter's completed mail-in, or absentee, ballot application to the Supervisor of Elections.

\_\_\_\_\_ Agent Signature                      \_\_\_\_\_ Agent Print Name

\_\_\_\_\_ 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 in Part 1 above needed help with this form because he or she has a disability or is unable to read or write. The voter authorized me to complete this form. If the voter could not sign this form, I printed the voter's name and wrote my initials.

\_\_\_\_\_ Agent Signature                      \_\_\_\_\_ Agent Print Name

\_\_\_\_\_ Date