



Town of Bel Air Municipal Election 2025

Designation of Agent Form

You may choose an agent - or a person who acts for you - to pick up or deliver your absentee mail-in ballot. The agent must be at least 18 years old and cannot be a candidate on your ballot.

Voter Information

Print your name.

| | |
|----------------------------|---------------------------------------|
| First name | Middle name or initial |
| Last name | Suffix (Jr., Sr., III, if applicable) |
| Date of birth (mm/dd/yyyy) | |

Agent Information

This part should be completed **by the voter**. Please print.

I choose the following person to pick up or deliver my ballot as my agent. This person is at least 18 years old and is not a candidate on my ballot.

My agent will pick up my absentee mail-in ballot and deliver it to me.

The voter can get help filling out this part if needed.

I want my agent to return my voted absentee mail-in ballot to the Town Hall drop box.

I will mail my voted absentee mail-in ballot to the Town Clerk at Bel Air Town Hall.

Name of Agent

| | | |
|------------|----------------|-----------|
| First name | Middle initial | Last name |
| Street | | Unit # |
| City | State | Zip Code |
| Phone | | |

Voter Signature

Use a pen. No electronic Signatures allowed.

| | |
|---|-------------------|
| Voter, sign and date here (Required) Under penalty of perjury, I hereby certify that the foregoing information is true and correct. X | Date (mm/dd/yyyy) |
|---|-------------------|

Agent Signature

Use a pen. No electronic Signatures allowed.

Under penalty of perjury, I certify that I am at least 18 years of age and I am not a candidate on the voter's ballot. I certify that I am acting as the voter's agent to pick up and deliver the absentee mail-in ballot to the voter. If the voter asked me to return their voted absentee mail-in ballot to the local board of elections, I will do that.

| | |
|--|-------------------|
| Agent, sign and date here (Required) X | Date (mm/dd/yyyy) |
|--|-------------------|

If the agent is returning the ballot, sign this section when the agent returns the voted ballot. Under penalty of perjury, I certify that I am returning the voted ballot for the voter for whom I am an agent. I certify that I have not altered the ballot.

| | |
|---------------------------------------|-------------------|
| Agent, sign and date here X | Date (mm/dd/yyyy) |
|---------------------------------------|-------------------|

Certification of Assistance

If someone helped you to fill out this form, that person should sign here.

Under penalty of perjury, I 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 fill out this form. If the voter was unable to sign this form, I printed the voter's name on the Signature of Voter line, followed by my initials.

| | |
|---|-------------------|
| Assistant, sign and date here X | Date (mm/dd/yyyy) |
|---|-------------------|

Assistant Name

Please print.

| | | |
|------------|----------------|-----------|
| First name | Middle initial | Last name |
|------------|----------------|-----------|