

Authorize a Representative to Pick up and/or Return Emergency Absentee Ballot



If you are unable to pick up and/or return your emergency absentee ballot yourself, this form allows you to authorize a representative to do it for you.

The voter or authorized representative must return this form and the ballot to the County Board of Elections by 8:00 p.m. on election day.

Visit [VotesPA.com/mailballot](https://www.votespa.com/mailballot) or call 1-877-868-3772 for more information.

I authorize a representative to pick up and/or return my emergency absentee ballot to my County Board of Elections.

Voter's name and address	1	<p>Voter's Full Name</p> <hr/> <p>Street Address</p> <hr/> <p>City/Town _____ State _____</p> <p>County _____ Zip Code _____</p>
Voter's Signature	2	<p>I hereby authorize the representative designated below to pick up and/or return my emergency absentee ballot. I agree that:</p> <ul style="list-style-type: none">• My representative is only allowed to pick up and/or return my completed ballot that I have sealed in the required envelopes addressed to my County's Board of Elections.• My completed ballot must be returned to the Board of Elections by 8:00 p.m. on election day. <p>Voter Signature X _____ Date _____</p>
Representative's name and address	3	<p>Representative's Full Name</p> <hr/> <p>Street Address</p> <hr/> <p>City/Town _____ State _____</p> <p>County _____ Zip Code _____</p>
Representative's Signature	4	<p>I hereby agree to serve as the designated representative for the above-named voter. I agree that:</p> <ul style="list-style-type: none">• I am only this voter's designated representative for the purposes of obtaining and/or returning their emergency absentee ballot.• If returning the voter's ballot, I will do so only after it has been completed by the voter and sealed in the required envelope. <p>Representative's Signature X _____ Date _____</p>