

Town of Sykesville, Maryland
Board of Supervisors of Elections
Mail-In Ballot: Designation of Agent Form
For the Following Election: Town of Sykesville General Election – May 6, 2025

Instructions: Complete this form if you are not able to return a mail-in ballot application and pick up your mail-in ballot and would like to designate someone to do this for you. If you are unable to complete or sign this form without assistance, someone may assist you. The person assisting you must complete Part III: Certification of Assistance of this form.

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

I designate the following person, who is at least 18 years old, a registered voter in the Town of Sykesville, and not a candidate on my ballot, to act as my agent and:

Please check the appropriate box:

- ☐ Deliver my mail-in ballot application, pick up my mail-in ballot, and deliver it to me. I will mail or deliver my mail-in ballot to the Board of Supervisors of Elections for the Town of Sykesville, Carroll County, Maryland.
- ☐ Deliver my mail-in ballot application, pick up my mail-in ballot, deliver it to me, and return my voted mail-in ballot to the Board of Supervisors of Elections for the Town of Sykesville, Carroll County, Maryland.

Name of Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Voter

Date

Part II: This part must be completed by the agent.

Under penalty of perjury, I hereby certify that I am at least 18 years of age, registered to vote in the Town of Sykesville, and not a candidate on the voter's ballot. I also certify that I am acting as the voter's designated agent and will pick up and deliver the mail-in ballot to the voter and, if the voter indicated above that I will return the voted mail-in ballot to the Board of Supervisors of Election for the Town of Sykesville, Carroll County, Maryland, I will deliver the voted ballot to the Board of Supervisors of Election for the Town of Sykesville, Carroll County, Maryland.

Signature of Agent

Date

Part III: Certification of Assistance. If you need assistance completing this form, the person assisting you must complete this section.

Under penalty of perjury, I hereby certify that the voter named above, who requires assistance, authorized me to complete this application for them. If the voter was unable to sign this application, I have printer the voter's name on the Signature of Voter line, followed by my initials.

Signature of Assistant

Date

Printed name of Assistant