



BOARD OF SUPERVISORS OF ELECTIONS

Town of Berlin
10 William Street
Berlin, MD 21811

Dear Voter:

Attached, please find an application for a Mail-In Ballot for the Town of Berlin's October 1, 2024, Election. **This form must be printed, and the signed original must be returned.** Please fill the form out completely. If the application is incomplete and/or information is missing, your application may be denied.

Returning application:

By mail: If you are returning this application by mail, it must be RECEIVED at the address below on or before Tuesday, September 24, 2024; postmark WILL NOT be considered.

In-person: Applications will be accepted IN PERSON up to 4:00 PM on Friday, September 27, 2024, at the address below. Do **NOT** use the Town Hall payment drop boxes to submit your application after September 27, 2024. Ballots will not be mailed to voters after September 26, 2024; must be picked up in person by voter or authorized representative.

Applications not received by the deadlines indicated above will not be considered. **Please allow sufficient time for processing to receive the ballot** (i.e. if you are going out of town, allow sufficient time to submit your application and receive the ballot before leaving).

Return your completed application to:

Town of Berlin
Attn: Board of Supervisors of Elections
10 William Street
Berlin, MD 21811

A Mail-In Voting Ballot will be sent to you immediately when your application is approved; once the application is received and approved, you will not be eligible to vote at the polls on Election Day.

Please call 410-641-2770 with any questions.

Thank you.

If you have questions about the information in this document or need special accommodations, please contact Kate Daub at 410-641-4002/kdaub@berlinmd.gov. Written materials in alternate formats for persons with disabilities are available upon request. TTY users dial 7-1-1 in the State of Maryland or 1-800-735-2258 outside Maryland.



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Town of Berlin
10 William Street
Berlin, MD 21811

APPLICATION TO VOTE BY MAIL-IN BALLOT

Please read entire form before completing

FORM MUST BE PRINTED AND SUBMITTED WITH ORIGINAL SIGNATURE.

This form must be received at the address above:

- By Mail: NO LATER THAN 4:00 PM, TUESDAY, SEPTEMBER 24, 2024
- In Person: NO LATER THAN 4:00 PM, FRIDAY, SEPTEMBER 27, 2024

Please print or type:

Voter's Name: _____ Date of Birth: ____/____/____
MON DAY YEAR

| | |
|---|--|
| Address of Residency: _____ _____ | Mailing Address (where you wish the ballot to be sent) NOTE: Ballots will not be mailed after 9/26/24-must be picked up in person. _____ _____ |
|---|--|

PHONE: _____

VOTING DISTRICT OF RESIDENCE: 1 2 3 4
(circle or select one; leave blank if unsure)

I, _____, do hereby request to vote by Mail-In in the Town of
(PRINT APPLICANT'S NAME)

Berlin Municipal Election scheduled for October 1, 2024, and request a Mail-In Ballot.

I understand that I must be a registered voter qualified to vote in the applicable Town Election and that the Board of Election Supervisors or their agent may reject my application if it is determined that I am not qualified or eligible to vote in the subject election under the provisions of the Town's election laws.

SIGNATURE OF APPLICANT

DATE

If above information was completed by a person other than the voter, please complete area below:

I, the undersigned, completed this form on behalf of the voter named above due to the voter being:

- ☐ Disabled
☐ Illiterate
☐ Non-English-speaking/reading

I swear, under penalty of perjury, that I was authorized to do so by the voter's express permission. If the voter was unable to sign, I printed his/her name in the space above for "Signature of Applicant" and initialed.

SIGNATURE OF INDIVIDUAL COMPLETING THE FORM

DATE

For Board of Elections use only: Processed by: _____ (initials)

Received _____ Approved _____ Ballot sent: _____ Ballot picked up: _____
Date Date Date Date

Denied _____ If denied state reason: _____