



## Board of Elections of Delaware County

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### Designation of Agent to Assist Disabled Voter in Voting by Absentee, Mail-In, or Alternative Ballot

I hereby designate \_\_\_\_\_ to serve as my agent for obtaining an absentee, mail-in, or alternative ballot for my use only and to return the ballot after I have completed it and sealed it in the required secrecy and return envelopes to the Board of Elections of Delaware County.

I understand that my completed ballot must be returned to the Board of Elections within the time prescribed by law for voting by absentee, mail-in, or alternative ballot. I am qualified under Pennsylvania law to vote by absentee or alternative ballot because of my physical disability.

Address of Voter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Voter's Signature: \_\_\_\_\_