Board of Elections of _____ County

Designation of Agent to Assist Disabled Voter in
Voting by Absentee or Alternative Ballot

I hereby designate _____to serve as my agent for obtaining an absentee or alternative ballot for my use only and to return the ballot after I have completed it and sealed it in the required envelope to the Board of Elections of _____ 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 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