## 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 vote.pa.gov/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		Voter's Full Name		
	1	Street Address		
		City/Town	State	
		County	Zip Code	
Voter's Signature		I hereby authorize the representative designated below to pick up and/or return my emergency absentee ballot. I agree that:		
		<ul> <li>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.</li> <li>My completed ballot must be returned to the Board of Elections by 8:00 p.m. on election day.</li> </ul>		
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		Voter Signature X	Date	
Representative's name and address		Representative's Full Name		
name and address				
name and address		Street Address		
name and address	3	Street Address City/Town	State	
name and address	3		State Zip Code	
	3	City/Town County	Zip Code	
name and address  Representative's Signature	3	City/Town County  I hereby agree to serve as the designated		
Representative's	3	City/Town  County  I hereby agree to serve as the designated  I am only this voter's designated repreemergency absentee ballot.	Zip Code  representative for the above-named voter. I agree that:	