

**Designation of Authorized Representative
to Assist Emergency Absentee Ballot Applicant**

Court of Common Pleas of _____
(Insert Name of County)

I hereby designate _____ to serve as my
(Insert Name of Authorized Representative)

agent for obtaining an emergency absentee 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 no later than 8:00 P.M. on the day of the primary or election. I am qualified under Pennsylvania law to vote by emergency absentee ballot because of illness or physical disability that occurred after 5:00 P.M. on the Friday before the primary or election or because I will be absent from my municipality on the day of the primary or election because of my business, duties or occupation, which fact was not and could not reasonably be known prior to 5:00 P.M. on the Friday before the primary or election.

(Address of Voter)

(Voter's Signature)