

2024 MAEO MIB APPLICATION

2024 MAIL-IN BALLOT APPLICATION INSTRUCTIONS

How do I return this form? Return your completed signed form to the Election Committee. You can return it by mail, fax, email, or drop off in person.

You can email your application to either of the Election Committee Co-Chairs:

- Richard Jerscheid - richard.jerscheid@maryland.gov
- Anna Zajac-Ferenc - anna.zajac-ferenc@maryland.gov

How will I receive my ballot? The primary way to receive your ballot is by mail.

We can mail your ballot to any address you want. You will also receive a return envelope with pre-paid postage.

You also have other options. We can email you the ballot so you can print your ballot, we can fax your ballot, or you can pick it up in person.

If you choose to pickup your ballot in person, you must go to the Anne Arundel County Board of Elections, 6740 Baymeadow Drive, Glen Burnie MD 21060.

When will I receive my ballot? After you submit this form, you will receive your ballot in approximately one week (5 business days).

Mail-in Ballot Deadlines:

- **Tuesday, August 13, 2024** - Deadline to return MIB application to Election Committee to vote in 2024 MAEO Election.
- **Wednesday, August 14, 2024** - Deadline to transmit MAEO MIB ballots to voters with an application on file.
- **Tuesday, August 20, 2024** 12:00 pm - Deadline for voters to return voted MIB to Election Committee in time for canvass.

Election Questions: Email Rich Jerscheid at richard.jerscheid@maryland.gov or call 410-222-0402.

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APPLICANT INFORMATION - PLEASE PRINT

Last Name

Middle Initial

Suffix (if appl)

First Name

Local Board

Email Address

Phone Number

WHERE SHOULD WE SEND YOUR BALLOT?

- Send my ballot addressed to my attention to the Local Board listed above.
- Mail my ballot to my address or PO Box:

Street

Unit #

City

State

Zip

- Email my ballot: _____
Email Address
- Fax my ballot: _____
Fax Number

SIGNATURE

Use a pen. No electronic signatures allowed. Anyone can help you fill out this form except: a candidate on your ballot; your employer, or an agent of your employer; an officer or agent from your union.

Voter, Sign here (Required) Date

Assistant, sign here (req'd if the voter rec'd help) Assistant Print Name

Under penalty of perjury, I hereby certify that this voter needed help with this form because he or she has a disability or is unable to read or write. The voter authorized me to complete this form. If the voter could not sign this form, I printed the Voter's name above and wrote by initials.