



**APPLICATION AND GENERAL INFORMATION ON ABSENTEE VOTING**  
**City of Mount Rainier Election – May 6, 2019**

**Voting by Absentee Ballot:** Any qualified voter registered to vote either in the State of Maryland or with the City of Mount Rainier, MD, may vote by Absentee Ballot. A qualified voter desiring to vote during the City elections as an Absentee Voter shall submit an application to the Board of Elections in writing. Application must be received no later than the Monday preceding the election (Monday, April 29, 2019).

- Application must be signed by the applicant, or if he or she is unable to sign, must bear the mark of the applicant and the signature of two (2) witnesses.
- To be counted, a completed Absentee Ballot must be returned to the Board of Elections in either of the following methods:
  - Sealed envelope, hand delivered to City Hall and placed directly in secured ballot box by close of the polls on Election Day, (May 6, 2019, at 8:00PM),
  - Or mailed, postmarked on or before Election Day, and delivered no later than the close of business on the day following Election Day, (May 7, 2019, at 5:00PM) to Board of Elections, P.O. Box 209, Mount Rainier, MD 20712.

**If you apply for and receive an Absentee Ballot, you must vote by that method--even if your plans change and you find that you can vote in person at the polls on Election Day.**

**IMPORTANT**--Complete the Application set forth below and return it in the enclosed envelope to:  
Board of Elections, City of Mount Rainier, P.O. Box 209, Mount Rainier, MD 20712

Applications for Absentee Ballot must be received **no later than 5:00PM on April 29, 2019**, which is the Monday preceding the City Election. If you have any questions regarding the Application, please email the Board of Elections at: Elections@mountrainiermd.org.

**APPLICATION FOR ABSENTEE BALLOT BY REGISTERED VOTER**  
**CITY OF MOUNT RAINIER, MARYLAND - (For City Election to be Held on May 6, 2019)**

**PLEASE PRINT ALL INFORMATION:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

MAIL OFFICIAL BALLOT TO: \_\_\_\_\_ Home Address or \_\_\_\_\_ Address Below:

\_\_\_\_\_

OR MARK HERE IF BALLOT WILL BE PICKED UP FROM CITY HALL: \_\_\_\_\_

Signature of Registered Voter: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature 1 if Applicable: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature 2 if Applicable: \_\_\_\_\_ Date: \_\_\_\_\_