



**City of Laurel, Maryland**  
**General Election**  
**Vote by Mail Ballot Application**

To: Board of Supervisors of Elections of the City of Laurel:

I, \_\_\_\_\_

**(Please print full name)**

domiciled at \_\_\_\_\_  
**(Please print full street address)**

Apt. or Unit Number, if any: \_\_\_\_\_ Laurel, Maryland \_\_\_\_\_  
**(Zip Code)**

being a registered voter in accordance with the laws, rules and regulations of Prince George's County, Maryland and the City of Laurel, hereby apply for a vote by mail voting ballot under the provisions of Article 600 of the City of Laurel Charter, to cast my ballot in the **General Election on Tuesday, November 4, 2025.**

I understand that once a Vote by Mail ballot has been issued to me, I may vote **ONLY** by using a Vote by Mail ballot. My name will be deleted from the voter registration list that appears at the polling place in my ward for this election. This is to ensure that only one vote can be cast under my name.

I further understand that I (applicant/voter) may designate a duly authorized agent by any signed writing to the effect (Complete Designation of Agent Form) or if I am unable to sign the designation, then the application shall bear my mark and the signature of two (2) witnesses.

I hereby request that a vote by mail ballot be issued to me at the following address:

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Signature \_\_\_\_\_

This application **MUST** be received by the Board of Election Supervisors,  
8103 Sandy Spring Road, Laurel, MD, 20707  
By **TUESDAY, OCTOBER 28, 2025.**

CITY OF LAUREL BOARD OF ELECTION SUPERVISORS  
8103 Sandy Spring Road, Laurel, MD 20707 / 301-725-5300 / Email: [elections@laurel.md.us](mailto:elections@laurel.md.us)