



CITY OF LAUREL BOARD OF ELECTION SUPERVISORS

8103 Sandy Spring Road, Laurel, Maryland. – 301-725-5300

Email: Elections@laurel.md.us

AFFIDAVIT OF AGENT IN CONNECTION WITH APPLICATION FOR EMERGENCY BALLOT

I, _____, the undersigned, hereby certify the
following in regard to the Application for Emergency Vote by Mail Ballot of

(Name of Voter Ballot is for)

Residing at _____ Laurel, MD 20707 or 20708

for the City of Laurel Election of November 4, 2025:

1. That the attached Mail-In Voting Ballot was delivered by me to the above-named voter in response to that voter's Application for Emergency Vote by Mail Ballot;
2. That the absentee ballot was marked by the above-named voter in my presence;
3. That the absentee ballot was placed in the attached sealed envelope in my presence; and
4. That I am a registered voter of the City of Laurel and that I am the person designated by the above-named voter as that voter's agent in that voter's Application for Emergency Vote by Mail Ballot to deliver this Vote by Mail Ballot to that voter.

I solemnly affirm, under penalties of perjury, that the contents of this Affidavit are true and correct.

Printed Name

Signature

Address

Laurel, MD Zip Code _____

Date

Telephone