

City of College Park
Application for Absentee Ballot
November 7, 2021 Municipal Election
www.collegeparkmd.gov/elections

Dear College Park Voter:

This is your application for an absentee ballot for the November 7, 2021 City Election.

If you wish to vote by mail, please complete this application and return it to City of College Park, Board of Election Supervisors, P.O. Box 626, College Park, MD 20741, or to one of the three secure ballot drop boxes:

- Davis Hall: 9217 51st Avenue, College Park, MD
- On Campus: west side of Stamp Student Union on Union Lane, next to the USPS/FedEx Drop Boxes.
- Calvert Road School: 4601 Calvert Road, College Park, MD

We must receive your application by October 26 to allow time to mail your ballot. After that date, you may apply in person for an absentee ballot at 8400 Baltimore Avenue, Suite 375, between 9 a.m. – 5 p.m.

Personal Data	Last Name: _____ __Jr __Sr __II __III __IV		
	First Name: _____ Middle Name: _____		
	Street Address: _____ (Unit/Apt) _____		
City: _____ State: _____ Zip: _____			
	Date on which you moved to your current registered voter address:	Email Address (optional):	Phone Number:
	Maryland Driver's License or ID Number (print):	Birthdate: MM/DD/YYYY	Last 4 digits of your Social Security Number:
Mail Ballot Address <small>The address where you want your ballot mailed for this election.</small>	Print Clearly		
	Street Address: _____ (Unit/Apt) _____		
	City: _____ State: _____ Zip: _____		
Voter Affirmation and Signature	<p>I hereby apply for an Absentee Ballot as described above. I understand that once an absentee ballot has been issued I may only vote using an absentee ballot. I hereby swear or affirm that I am legally qualified to vote in the above-described election and under penalties of perjury that the information provided is true and correct.</p>		
	Date: _____ Signature: _____		
Assistance Signature	<p>Under penalty of perjury, I hereby certify that this voter needed help with this form because the voter 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 and wrote my initials.</p>		
	Date: _____ Signature: _____		

Date Processed: _____ Voter Status/Name/DOB Verified By _____ Election District: _____ Entered into Pollbook: _____

Transferred to Mailing House: DATE: _____ BY: _____ VOTER ID #: _____