City of Aberdeen Municipal Election 2025

Designation of Agent Form

You may choose an agent - or a person who acts for you - to pick up or deliver your absentee/mail-in ballot. The agent must be at least 18 years old and cannot be a candidate on your ballot.

Voter Information

Print your name.

First name	Middle name or initial
Last name	Suffix (Jr., Sr., III, if applicable)
	Date of birth (mm/dd/yyyy)

Agent Information

This part should be completed **by the voter**. Please print.

The voter can get help filling out this part if needed.

I choose the following person to pick up or deliver my ballot as my agent. This person is at least 18 years old and is not a candidate on my ballot.

My agent will pick up my absentee/mail-in ballot and deliver it to me.

☐ I want my agent to return my voted absentee/mail-in ballot to City Hall or the drop box at City Hall.

☐ I will mail my voted absentee/mail-in ballot to the City Clerk at City Hall.

Name of Agent

First name	Middle initial	Last name
Street		Unit #
City	State	Zip Code
Phone		

Voter Signature

Use a pen. No electronic Signatures allowed.

Voter, sign and date here (Required) Under penalty of perjury, I hereby certify that the foregoing information is true and correct. **X**	Date (mm/dd/yyyy)

Agent Signature

Use a pen. No electronic Signatures allowed.

Under penalty of perjury, I certify that I am at least 18 years of age and I am not a candidate on the voter's ballot. I certify that I am acting as the voter's agent to pick up and deliver the absentee/mail-in ballot to the voter. If the voter asked me to return their voted absentee /mail-in ballot to the Aberdeen Board of Elections, I will do that.

Agent, sign and date here (Required) **X**	Date (mm/dd/yyyy)

If the agent is returning the ballot, sign this section when the agent returns the voted ballot. Under penalty of perjury, I certify that I am returning the voted ballot for the voter for whom I am an agent. I certify that I have not altered the ballot.

Agent, sign and date here **X**	Date (mm/dd/yyyy)

Certification of Assistance

If someone helped you to fill out this form, that person should sign here.

Under penalty of perjury, I 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 fill out this form. If the voter was unable to sign this form, I printed the voter's name on the Signature of Voter line, followed by my initials.

Assistant, sign and date here **X**	Date (mm/dd/yyyy)

Assistant Name

Please print.

First name	Middle initial	Last name