



## City of Cambridge

Application for a Mail-In (Absentee) Ballot  
2023 Special Election – Wards 1 and 5 for June 6, 2023

### APPLICATION FORM

1. Register to Vote

You must be registered to vote by 5:00 p.m. on May 17, 2023 in order to receive a mail-in (absentee) ballot. If you are not registered to vote in the City of Cambridge and want to register, please visit the Dorchester County Board of Elections, 501 Court Lane, Cambridge, Maryland 21613 or call (410) 228-2560. Only voters registered to vote in Wards 1 and 5 are eligible to vote.

2. Voter Information

**Print your name in black or blue ink:**

Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc., if applicable): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

3. Voter Contact Information

In case of any questions, please provide contact information where you can be reached:

E-mail Address: \_\_\_\_\_

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

4. Residential Address

Provide the address where you are registered to vote. Do NOT use a P.O. Box or a temporary address used for school, work, or travel.

Street: \_\_\_\_\_ Unit: \_\_\_\_\_ Ward: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

5. Receipt of Ballot

A. By Mail:

I want my absentee ballot for the Special Election – Wards 1 and 5 mailed to:

The address specified in (4) above; or

The address below:

Street: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

6. Signature

Voter: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: You may have an assistant help you sign this form if you require assistance because of a physical or mental disability or being unable to read or write. Anyone can help you EXCEPT a candidate on your ballot, your employer or an agent of your employer, or an officer or agent from your union. Your assistant must sign the certification below.

**If Completed by Assistant:**

**UNDER PENALTY OF PERJURY**, I hereby certify that this voter needed help with this form because they have a disability or are 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.

Assistant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Assistant Name: \_\_\_\_\_

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

**RETURN INSTRUCTIONS**

Return to:

2023 Special Election Absentee Ballot Request  
410 Academy Street  
Cambridge, Maryland

Or email a scanned copy to:

Tyasia Johnson at [TJohnson@ChooseCambridge.com](mailto:TJohnson@ChooseCambridge.com)