

**Designation of Authorized Representative  
to Assist Emergency Absentee Ballot Applicant**

Court of Common Pleas of \_\_\_\_\_  
*(Insert Name of County)*

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I hereby designate \_\_\_\_\_ to serve as my  
*(Insert Name of Authorized Representative)*  
agent for obtaining an emergency absentee ballot for my use only and to return the ballot  
after I have completed it and sealed it in the required envelope to the Board of Elections of  
\_\_\_\_\_ County. I understand that my completed ballot must be returned to the  
Board of Elections no later than 8:00 P.M. on the day of the primary or election. I am  
qualified under Pennsylvania law to vote by emergency absentee ballot because of illness or  
physical disability that occurred after 5:00 P.M. on the Friday before the primary or election  
or because I will be absent from my municipality on the day of the primary or election  
because of my business, duties or occupation, which fact was not and could not reasonably  
be known prior to 5:00 P.M. on the Friday before the primary or election.

\_\_\_\_\_  
\_\_\_\_\_  
*(Address of Voter)*

\_\_\_\_\_  
*(Voter's Signature)*