



# Application for Alternative Address Ballot Delivery For Tuesday, November 5, 2019, Municipal Election

Applications can be dropped off in person or sent by mail to the City Clerk's Office at  
111 Maryland Avenue, Rockville, MD, 20850, or fax to 240-314-8289.

Complete all sections as appropriate

### Part 1 – Voter Information

I,

(Print Name: First, Middle Initial, Last)

hereby swear (or affirm) that my legal residential address within the incorporated limits of the City of Rockville is:

(Print Address)

(Print Date of Birth)

(Home Phone Number)

### Part 2 – Address Information for Alternative Ballot Delivery

Please check one.

I would like the ballot mailed to the following address:

Street or P.O. Box Number

City, State, Zip Code

### Part 3 – Signature

This application cannot be processed without your signature below.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

DISTRICT _____			VID # _____			FOR OFFICE USE ONLY		
						DATE RECEIVED: _____		
RECEIVED: <input type="checkbox"/> IN PERSON			<input type="checkbox"/> BY MAIL					
APPLICATION ACCEPTED: <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON NOT ACCEPTED: _____					
BALLOT # _____			ISSUED ON _____			RETURNED _____		

