



**TOWN OF OCEAN CITY, MARYLAND
MUNICIPAL ELECTION
November 5, 2024**

ABSENTEE BALLOT APPLICATION

VOTER INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

STREET ADDRESS _____ APT/SUITE _____

CITY Ocean City STATE Maryland ZIP 21842

DATE OF BIRTH: _____ PHONE NUMBER _____

USED ONLY IF NEEDED TO PROCESS REQUEST

MAIL MY BALLOT TO..... **Same as above**

STREET ADDRESS _____ Apt/Suite _____

CITY _____ STATE _____ ZIP _____

I understand that I intend to vote by absentee ballot and authorize the voter registration books to be so marked and that I acknowledge that I must utilize the absentee procedure once this application is received by the Clerk's Office.

I hereby swear or affirm that I am: (1) legally qualified to vote in the November 5, 2024 Election; (2) legally registered in Ocean City; and, (3) qualified to vote under the laws of Maryland and of Ocean City. I declare and affirm, under penalties of perjury, that this information, and statements contained herein, are true.

X _____ DATE _____
AFFIANT'S SIGNATURE

MAIL YOUR APPLICATION TO: THE CITY CLERK'S OFFICE, P.O. BOX 158, OCEAN CITY, MARYLAND 21843

Important: If you do not receive your ballot by October 23, 2024, please call 410-289-8824.