

REQUEST FOR AGENT DELIVERY OF ABSENTEE BALLOT



In accordance with Minnesota Statute 203B.11 subd. 4,

I, \_\_\_\_\_, certify that I:  
Name of Voter

am a patient in \_\_\_\_\_  
Health Care Facility (M.S. 144.50 and M.S. 144A.02)

am a resident in \_\_\_\_\_  
Residential Facility, Shelter for Battered Woman or Assisted Living Facility  
(M.S. 245A.02, subd. 14) (M.S. 611A.37, subd 4) (M.S. 144G)

would have difficulty getting to the polls because of incapacitating health reasons or have a disability.

and request that the auditor or clerk provide the absentee ballot in a sealed transmittal envelope to,

\_\_\_\_\_  
Name of Agent

for delivery to me during the seven days before the election or before 2:00 p.m. on Election Day. Ballot must be returned to County Auditor or City Election Administrator by 3:00 p.m. on Election Day.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Voter

Note: This form must be accompanied by an absentee ballot application in order for the ballot to be released to the agent.