Request for Agent Delivery of Absentee Ballot

Office of the Minnesota Secretary of State

In accordance with Minnesota Statute 203B.11, subdivision 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 women, 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,

_____ for delivery to me during the
(Name of agent)

seven days before the election or before 2:00 p.m. on election day. I certify that I have a pre-existing relationship with this person.

_____ _____
(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.