

# 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.