



**TOWN OF OCEAN CITY, MARYLAND**  
**MUNICIPAL SPECIAL ELECTION**  
**July 22, 2025**

**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 July 22, 2025 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 June 16, 2025, please call 410-289-8824.*