

VILLAGE USE ONLY:

Election District:

2024 Village Election Absentee Ballot Application

This application must either be personally delivered to the Village Clerk's Office not later than the day before the election, whether in-person or by mail. Importantly, the ballot itself must either be personally delivered to the Village Clerk's Office, either in-person or by mail, no later than the close of polls on election day.

1. I am requesting, in good faith, an absentee ballot due to (check one reason):

- | | |
|---|--|
| <input type="checkbox"/> absence from county or New York City on election day | <input type="checkbox"/> patient or inmate in a Veterans' Administration Hospital |
| <input type="checkbox"/> temporary illness or physical disability* | <input type="checkbox"/> detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony |
| <input type="checkbox"/> permanent illness or physical disability | |
| <input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled | |
- *Note: "Temporary illness" includes concern about contracting or spreading COVID-19

2. absentee ballot(s) requested for the following election(s) :

- Village Election

3.

last name or surname

first name

middle initial

suffix

4.

date of birth

____/____/____

county where you live

phone number (optional)
email (optional)

5.

address where you live (residence) street

apt

city

state

zip code

NY

6.

Delivery of Village Election Ballot (check one)

Deliver to me in person at the Village Clerk's Office

I authorize (give name): _____ to pick up my ballot at the Village Clerk's Office

Mail ballot to me at: (mailing address)

street no.

street name

apt.

city

state

zip code

Applicant Must Sign Below

7.

I certify that I am a qualified and a registered (and for primary, enrolled) voter; and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Sign Here: X Date ___/___/___

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date ___/___/___ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

(address of witness to mark)

(signature of witness to mark)