

Absentee Ballot Application

VILLAGE OF UPPER NYACK
328 North Broadway
Upper Nyack, NY 10960 845 358-0084

Please print clearly

This application must either be personally delivered to Village Clerk not later than the day before the election, or postmarked by a governmental postal service not later than the 7th day before election day. The ballot itself must be personally delivered to the Village Clerk no later than the close of the polls on election day or if mailed must be received on election day.

Village USE ONLY:	
Dist. _____	
Village _____	Party _____
Reg. # _____	
P	G
Entered: _____	_____
Issued: _____	_____
Mailed: _____	_____
<input type="checkbox"/> Voted in office	

1 last name or surname	first name	middle initial	suffix	
2 address where you live (residence) street		apt.	city	state NY
		zip code	county where you live	

3 date of birth _____/_____/_____	telephone numbers:	email address:
	home: _____ work: _____ cell: _____	

4 Absentee ballot(s) requested for the following election(s) :		
<input type="checkbox"/> Primary Election only	<input type="checkbox"/> Village Election only	<input type="checkbox"/> Special Election only
<input type="checkbox"/> Any election held between these dates: absence begins: _____/_____/_____ absence ends: _____/_____/_____		

5 I am requesting, in good faith, an absentee ballot due to (check one reason):	
<input type="checkbox"/> Absence from county or Village 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	

6 Delivery of Primary Election Ballot (check one)		<input type="checkbox"/> Deliver to me in person at the Village Hall
<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the Village Hall		
<input type="checkbox"/> Mail ballot to me at: (mailing address)		
street no.	street name	apt. city state zip

7 Delivery of Village Election Ballot (check one)		<input type="checkbox"/> Deliver to me in person at the Village Hall
<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the Village Hall		
<input type="checkbox"/> Mail ballot to me at: (mailing address)		
street no.	street name	apt. city state zip

Applicant Must Sign Below

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)