

ALLEGANY COUNTY ABSENTEE BALLOT APPLICATION

FOR OFFICE USE ONLY

MAIL TO: Allegany Co. Board of Elections
6 Schuyler Street
Belmont, NY 14813

TOWN/DISTRICT _____

REGISTRATION NO. _____

TELEPHONE NO. - 716-268-9294 OR 9295

PARTY _____

ADDRESS IN ALLEGANY COUNTY _____

DATE OF BIRTH _____

NAME _____

RESIDENT ADDRESS _____

MAILING ADDRESS _____

TOWN _____ ZIP CODE _____

I am a registered voter in Allegany County and do now apply for an Absentee Ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

SEND BALLOT TO: _____

ZIP _____

I will be absent from Allegany County on the day of election for one of the following reasons: Please check column on left and complete statement at right.

- ____ 1. Business
- ____ 2. Vacation
- ____ 3. Education (outside county)
- ____ 4. Temporary Illness (home)
- ____ 5. Temporary Illness (hospital)
- ____ 6. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action.
(Name of institution) _____
- ____ 7. I am permanently confined (statement must be completed)

Dates you intend to be out of the County:

From _____ To _____

Please state where you will be on Election Day

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT:

(State nature of illness or disability) _____

I am permanently confined at (name of institution or confined at home) _____

ALL APPLICANTS MUST FILL OUT ONE OF THE FOLLOWING

I certify that the information in this application will be accepted for the 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.

Date _____ Signature of voter _____

If applicant is unable to sign because of illness or disability, the following must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, disability or I cannot read. I have made or received assistance in making my mark in lieu of my signature.

Date _____ Mark of voter _____

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

Date _____ Signature of witness to mark _____

This application may be postmarked seven (7) days before election. In person application and voting up to 5 pm day before election.