

Allegany County Absentee Ballot Application

8 Willets Ave Belmont NY 14813

Phone No. 585-268-9294 or 9295

Please Print Clearly. See detailed Instructions

BOARD USE ONLY:

T/W/D: Reg. No:

Party: Exp. Date:

Voted in Office Entered in Team:

This application must either be personally delivered to your county board of elections not later than the day before the election, or postmarked by a governmental postal service no later than 7 days before Election Day. The ballot itself must either be personally delivered to the Board of Elections no later than the close of polls on Election Day or postmarked by a governmental postal service not later than the day before the elections and received no later than the 7th day of the election.

1 I am requesting, in good faith, an Absentee ballot due to (Check on reason):

- Absence from county or New York City on Election Day temporary illness or physical disability
 permanent illness or physical disability patient or inmate in a Veterans' Administration Hospital
 duties related to primary care of one or more individuals who are ill or physically disabled
 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

2 Absentee Ballot requested for the following election(s):

- Primary Elections General Election
 Any election held between these dates: Special Election

| 3 | Last Name or Surname | First Name or surname | Middle Initial | Suffix | Date of Birth | County | Phone Number (Optional) |
|---|----------------------|-----------------------|----------------|--------|---------------|----------|-------------------------|
| | | | | | | Allegany | |

5 Address where you live(residence) street(your Allegany Cou

House # Street Name Apt. # City State Zip Code

6 Delivery of Primary Election Ballot(check one)

Deliver to me in person at the Board of Elections

I authorize(give name) to pick up my ballot at the Board of Elections:

Mail Ballot to me at: (mailing address)

House # Street Name Apt. # City State Zip Code

7 Delivery of General Election Ballot(check one)

Deliver to me in person at the Board of Elections

I authorize(give name) to pick up my ballot at the Board of Elections:

Mail Ballot to me at: (mailing address)

House # Street Name Apt. # City State Zip Code

8 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 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 marking, my mark in lieu of my signature. (NO POWER OF ATTORNEY OR PREPRINTED NAME STAMPS ALLOWED)

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

(signature of witness to mark)

(Address of Witness to mark)