

ALLEGANY COUNTY ABSENTEE BALLOT APPLICATION

MAIL TO: Town of Angelica
PO Box 338
Angelica, NY 14709
attn: Melva Clark

TOWN/DISTRICT _____
REGISTRATION NO. _____
PARTY _____

ADDRESS IN THE TOWN OF ANGELICA

NAME _____ DATE OF BIRTH _____
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.

DELIVERY OF BALLOT: (this area must be filled out)

_____ Deliver to me in person at the Board of Elections

_____ Deliver to _____ whom I hereby authorize to receive my ballot

_____ 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. The postmark date for Angelica's March 18 vote is March 11. Absentees may submit this application in person any time before 5 PM on March 17.