

Highland Public Library Absentee Ballot Application

RETURN TO:
Highland Public Library
Election Clerk
PO Box 1556
Highland NY 12528

For District Clerk Use Only

Date Rec'd _____

Initials _____

1.

Name:

Residence:

City/State:

2.

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

- absence from Ulster County on election day
- unable to appear at the polling place due to illness or physical disability, or duties related to the primary care of one or more individuals who are ill or physically disabled, or because I am or will be a patient in a hospital.
- 3. an inmate or patient of a veteran's administration hospital
- absent from my voting residence due to being detained in jail awaiting action by a grand jury or awaiting trial, or confined in jail or prison after a conviction for an offense other than a felony.

I am requesting the ballot be (check one):

- Delivered to me in person at the Highland Public Library.
- I authorize (give name): _____ to pick up my ballot at the board of elections.
- Mail ballot to me at above address or at mailing address below:

street no. street name apt. city state zip code

Applicant Must Sign or Mark Below

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I made any material false statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor .

5.

Today's Date: ___/___/___ Sign Here: _____ Birth Date: ___/___/___

Only Complete -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 had made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

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

Today's Date: ___/___/___ 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

If you have additional questions or require further information refer to the instructions on the reverse side of this application.

Instructions:

Who may apply for an absentee ballot?

Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:

If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. For more information about military/overseas voting, contact your local Board of Elections or refer to the Military and Federal Voting sections at: <http://www.elections.ny.gov/VotingMilitaryFed.html>.

Where and when to return your application:

Applications must be received by the District Clerk seven (7) days before the vote if they are to be mailed to the voter, or received no later than one (1) day before the vote if they are to be hand-delivered to the voter. Applications cannot be received by the District more than thirty (30) days prior to the vote.

Options available to you if you have an illness or disability:

If you check the box indicating your illness or disability is permanent, once your application is approved you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney is not allowed any voting purpose.

When your ballot will be sent:

Your absentee ballot will be sent upon approval by the District Clerk of your Absentee Application. If you prefer, you may pick up the ballot or designate someone to pick up your ballot for you, by completing the required information in Section 3. Contact the Election Clerk (845-691-2275 ext 204) if you have not received your ballot.

For further information please contact the Highland Public Library Election Clerk at 845-691-2275 ext 204 or visit our website, www.highlandlibrary.org