

Plattekill Public Library Absentee Ballot Application

Please print clearly. See detailed instructions.

This application must be delivered to the Library no later than the day before the election.

The ballot itself must be delivered to the Library by mail, or by hand, no later than 5pm on the day of the election/vote.

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

- ☐ Absence from county or Town on day of election
- ☐ Temporary illness or physical disability
- ☐ Permanent illness or physical disability
- ☐ Duties related to primary care of one or more individuals who are ill or physically disabled
- ☐ Resident or patient of a Veterans Health Administration Hospital
- ☐ 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

Last name or surname

First name

Middle Initial

Address where you live (residence)

street

apt

town/city

zip code

I authorize (give name) _____ to pick up my ballot at the library

Or: _____ first & last names

Mail ballot to me at: (mailing address)

PO Box or Street address

apt

town/city

zip code

I certify that I am a qualified and a registered 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.

Today's Date: ____/____/____ Sign here: X _____ Birth 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.)*

Today's Date: ____/____/____ Name of Voter: _____ Voter's Birth Date: ____/____/____

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

Ballot # _____