

Village of Saugerties, Election District \_\_\_\_\_

# ABSENTEE BALLOT APPLICATION – VILLAGE ELECTION

- Due to Military Service (Sec. 15-120)
- Due to Duties, Occupation, Business, Studies or Vacation (Sec. 15-120)
- Due to Illness or Physical Disability (Sec. 15-122)
- Due to Permanent Illness or Permanent Disability (Sec. 15-122)

(SEE REVERSE SIDE FOR INSTRUCTIONS)

To the Clerk of the Village of Saugerties

\_\_\_\_\_, an applicant for an absentee ballot, states as follows:  
(Print or Type Name)

I reside at \_\_\_\_\_, and I am a qualified voter of the Village of  
(Street Number, Name of Post Office & Zip Code)

Saugerties, \_\_\_\_\_ Election District, County of Ulster.  
(Election District)

### I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE.

## MILITARY SERVICE, DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

I expect in good faith to be absent from the County of Ulster, State of New York, on the day of the next general or special Village election on \_\_\_\_\_, 20\_\_\_\_\_ because my duties, occupation, business, studies, military service or vacation require me to be elsewhere, as follows:

1. Explain briefly your position and nature of duties, occupation, studies, military service or business requiring such absence. If absence is based on vacation, so state and give dates when you expect to begin and end your vacation.

2. Place or places where you expect to be on military service, business, studies or on vacation. \_\_\_\_\_

3. Name of employer, if any. \_\_\_\_\_  
(If Self Employed or Unemployed, so state – If Student, given Name of School)

4. Address of employer \_\_\_\_\_  
(If Student, give Address of School)

5. If this application is based by reason of accompanying your spouse, child or parent: would such spouse, child or parent, if qualified voter, be entitled to apply for the right to vote by absentee ballot? \_\_\_\_\_  
(Yes or No)

\_\_\_\_\_, \_\_\_\_\_  
(Name such Spouse, Child or Parent) (Relationship to You)

6. If this application is based by reason of being or expecting to be an inmate of a veteran’s hospital, give name and address of hospital. \_\_\_\_\_

7. If application is based by reason of being or expecting to be an inmate of a veteran’s hospital, give name and address of hospital. \_\_\_\_\_

## DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner or Christian Science practitioner:

\_\_\_\_\_  
(Name and Address of Medical Practitioner or Christian Science Practitioner)

that I will be unable to appear personally at the polling place of the election district in which I am a qualified voter on the day of the next general or special Village election because of my  Illness  Physical Disability and will be confined  at Home, or in a

Hospital. If hospital confinement is expected, state name and address of Hospital. (Check appropriate boxes)

\_\_\_\_\_  
(Name of Hospital)

\_\_\_\_\_  
(Address of Hospital)

## DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future elections without my making further application. The nature of my permanent illness or disability is \_\_\_\_\_

**ALL APPLICANTS MUST FILL OUT THE FOLLOWING**

If application is approved, I request ballot be delivered personally to me or to \_\_\_\_\_ as my agent, or mailed to me at the following address:

(Print or Type)

**APPLICANT MUST SIGN BELOW**

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT AND UNDERSTAND 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.

Date \_\_\_\_\_ Signature of Voter \_\_\_\_\_  
(If applicant is unable to sign application because of illness or physical disability, 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 illiteracy, illness or physical disability. I have made, or have received assistance in making, my mark in lieu of my signature.

Date \_\_\_\_\_ Name of Voter \_\_\_\_\_ (Mark)  
I, the undersigned, hereby 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 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)

**INSTRUCTIONS TO ABSENTEE VOTERS**

1. All qualified Voters must fill out in full the Statement on the front side of this form and personally sign it (*unless physically unable to do so*).
2. Applications must be received by the Village Clerk not earlier than 4 months and not later than the 7<sup>th</sup> day before the election, if the ballot is to be mailed, and not later than one day before the election if the applicant is going to have the absentee ballot hand delivered to him.
3. Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the special or general Village election to which it specifically pertains. You must, unless permanently disabled, renew your application for each special or general election if you are still eligible to vote absentee.
4. An application must be received by the Village Clerk no earlier than four months before the election for which an absentee ballot is sought. If the application requests that the absentee ballot be mailed, such application must be received not later than SEVEN days before the election. If the applicant or his agent delivers the application to the Village Clerk in person, such application must be received not later than the day before the election.