

Village of Flower Hill
1 Bonnie Heights Road
Manhasset, NY 11030

AD: _____ ED: _____
Clerk Use only

(516) 627-5000

www.villageflowerhill.org

VILLAGE OF FLOWER HILL ABSENTEE BALLOT APPLICATION

Please print clearly. See detailed instructions on back.

This **application** must either be personally delivered to the Village Administrator not later than the day before the election, or postmarked by a governmental postal service not later than the 7th day before Election Day. The **ballot** itself must be personally delivered to the Village Administrator no later than the close of polls on Election Day.

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

<input type="checkbox"/> absence from county on election day	<input type="checkbox"/> patient or inmate in a Veterans' Administration Hospital
<input type="checkbox"/> temporary illness or physical disability	<input type="checkbox"/> 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
<input type="checkbox"/> permanent illness or physical disability	
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	

2. absentee ballot(s) requested for the following election(s):

Primary Election only General Village Election only Special Election only

Any election held between these dates: absence begins: ___/___/___ absence ends: ___/___/___

3. last name or surname _____ first name _____ middle initial _____ suffix _____

4. date of birth: ___/___/___ county where you live _____ phone number (optional) _____

5. address where you live (residence) street _____ apt. _____ city _____ state **NY** zip code _____

6. _____

7. Delivery of General (or Special) Election Ballot (check one)

I authorize (give name): _____ to pick up my ballot at the Village Clerk's Office.

Mail ballot to me at: (mailing address)

street no. _____ street name _____ apt. _____ city _____ state _____ zip code _____

Applicant Must Sign Below

8. 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.

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 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 or 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. See detailed instructions).

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

I, the undersigned, hereby certify that the above named voter affixed his or her mark to said 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)

