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.

| temporary illne permanent illne duties related t individuals who absentee ballot(s) Primary Election | county on election day ess or physical disability ess or physical disability to primary care of one or mor o are ill or physically disabled requested for the following | d election(s): General Village Election | patient or inmat Hospital detention in jail, action by a gran of a crime or off only | pe in a Veterans' Adr /prison, awaiting tria d jury, or in prison for ense which was not | al, awaiting or a convict a felony | |
|--|---|--|---|---|--|----------|
| 3. last name or surname | | firstname | | | niddle initial | sulfix |
| 1. date of birth/ | _/ | ounty where you live | | phone number (optional) |) | |
| address where you live | (residence) street | apt | city | NY | | zip code |
| I authorize (giv | ve name): me at: (mailing address) | | to pick up my ballo | t at the Village Clerk' | s Office. | |
| Mail ballot to r | street name | apt. | | city | state | zip co |
| street no. | | apt. | | city | state | zip co |
| Applicant No I certify that I am a capplication will be a | street name | er; and that the information | on in this applicatio | n is true and correct a | and that this | |
| Applicant No. | Aust Sign Below qualified and a registered vote accepted for all purposes as th ame penalties as if I had been | er; and that the information | on in this applicatio | n is true and correct a | and that this | 2004 |
| Applicant Notes application will be application will be subject me to the subject me | Aust Sign Below qualified and a registered vote accepted for all purposes as th ame penalties as if I had been | er; and that the information of an affidate duly sworn. By or inability to read, the following my application for an active or because I am unable to repreprinted name stamps allowed that the standard of t | on in this application in this application in this application in the contains and it is a contained in the contained. I have made, or howed. See detailed insulation in my presens statement will be accepted. | Date t be executed: Dy my it assistance because ave the assistance in tructions). | and that this | |
| Applicant No. I certify that I am a displication will be a subject me to the same of the subject me to the same of the subject me to the same of the subject me to be the person on the subject me to be the person who affix oses as the equivalent of an | qualified and a registered vote accepted for all purposes as the ame penalties as if I had been X couse of illness, physical disability. I hereby state that I am unable to promy illness or physical disability ignature. (No power of attorney or Voter: y that the above named voter affixed his or her mark to said application affidavit and if it contains a material state of the said application affidavit and if it contains a material state of the said application affidavit and if it contains a material state of the said application affidavit and if it contains a material state of the said applications. | er; and that the information of an affidate duly sworn. By or inability to read, the following my application for an active or because I am unable to repreprinted name stamps allowed that the standard of t | on in this application in this application in this application in the contains and it is a contained in the contained. I have made, or howed. See detailed insulation in my presens statement will be accepted. | Date t be executed: Dy my it assistance because ave the assistance in tructions). | and that this | |

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.

Where and when to return your application:

Applications must be mailed seven days before the election, or hand-delivered to your Village Administrator by the day before the election.

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 or printed name stamp is not allowed for any voting purpose.

When your ballot will be sent:

Your absentee ballot materials will be sent to you at least 6 days before the election in which you are eligible to vote. If applicant or agent delivers the application to the Village Administrator in person after the seventh day before the village election and not later than the day before the election, the Village Administrator shall deliver such absentee ballots for those applicants who he determines are qualified to make such applications and to receive such ballots to such applicants or the agents named in the applications when such applicants or agents appear in the Village Administrator's office.

RETURN TO:

Village of Flower Hill Village Administrator's Office 1 Bonnie Heights Road Manhasset, NY 11030