

**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 7<sup>th</sup> 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 \_\_\_\_\_ zip code \_\_\_\_\_

Address where you want the ballot sent \_\_\_\_\_ **NY**

6. \_\_\_\_\_

7. Delivery of General (or Special) Election Ballot (check one)       Deliver to me in person at the Village Clerk's Office.

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 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. 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)

## **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.

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RETURN TO:

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