

TOMPKINS COUNTY ABSENTEE BALLOT APPLICATION (8-400)
ONLY FOR PERMANENTLY ILL OR DISABLED VOTERS

YOU MAY APPLY TO: Tompkins County Board of Elections, 128 E. Buffalo St., Ithaca, NY 14850 (607) 274-5521/ 5522

I AM A REGISTERED VOTER IN TOMPKINS COUNTY AND I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE

Applicant's name _____ DOB _____ Phone # _____

Tompkins County Address: _____

Mail ballot to this address if different from residence: _____

(Ballots are mailed approximately 3 weeks before each election)

I designate the following person to pick up my ballot: _____

FOR OFFICE USE ONLY

Type: PERM (web form)

Date _____ Party _____

Registration # _____

City/Town/Dist. _____

Ballot _____

I qualify for voting by Permanent Absentee Ballot because I am confined due to permanent illness or disability.

State name and address of Medical or Christian Science Practitioner: _____

State nature of illness or disability: _____

(HIPPA privacy laws do not apply to election law requirements. Failure to provide the above medical information will result in the rejection of this application.)

I am permanently confined at: _____

(Name and address of Institution or residence if confined at home)

NOTE: Having a permanent illness or disability qualifies you to receive an absentee ballot for each election you qualify for, without filing a new application.

ALL APPLICANTS 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 _____

Applications must be signed and delivered to the Tompkins County Board of Elections not later than 5:00pm the day before Election Day. Applications submitted by mail must be postmarked not later than seven (7) days before the election.

THIS SECTION TO BE COMPLETED ONLY BY PERSONS WHO SIGN WITH AN "X"

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 received assistance in making my mark in lieu of my signature.

Date _____ Mark of Applicant _____

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 this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains any material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness _____ Address of Witness _____