

TOMPKINS COUNTY ABSENTEE BALLOT APPLICATION (8-400)

Rev. 10/21/09 web form

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. I AM REQUESTING AN ABSENTEE BALLOT FOR THE ELECTION YEAR _____.

Name _____ Date of Birth _____ Phone # _____

Tompkins County Address: _____

Email address: _____

_____ I will pick up my ballot in person.

_____ Please mail ballot to this address: _____

(Ballots are mailed approximately 3 weeks before each election)

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

FOR OFFICE USE ONLY

Date _____ Party _____

PRI _____ GEN _____ Other _____

Registration # _____

City/Town/Dist. _____

VIO/TAKEN _____

MAILED _____

I qualify for voting by Absentee Ballot because I expect in good faith to be unable to appear at my polling site on the day of the election for the following reasons: *

_____ Out of County due to Duties, Occupation, or Business

_____ Out of County for other personal reasons

_____ Out of County for Education

_____ Temporary illness at home or hospital

_____ Primary caregiver for ill or disabled person(s).

_____ Detained in jail for an offense other than a felony or awaiting trial or grand jury action.

I hereby state that on Election Day I will be in:

City: _____ State: _____ Country (if not USA): _____

I further state that I will be absent from Tompkins County (if applicable) for the following dates:

From _____ To _____

If leaving or arriving on the day of the Election, please specify times.

(Failure to provide the above information will result in the rejection of this application. You will only receive a ballot for the elections in which you are absent from Tompkins County for the dates given above.)

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 of Applicant _____

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.

If your plans change and you are able to go to your poll site to vote you must do so, per New York State law. Your absentee ballot will then be voided.

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 _____