

# East Fishkill Public Library District Ballot Application

Print clearly. See detailed instructions.

Application cannot be received more than thirty days before the vote. Applications must be received no later than seven days before the election is the ballot is to be mailed to the voter, or no later than the day before the election if the ballot is to be delivered personally to the voter or their designee.

The Library's address is 348 Route 376, Hopewell Junction, NY 12533

1.	<b>I am requesting, in good faith, an absentee ballot due to (check one reason):</b>	<input type="checkbox"/>	duties related to primary care of one or more individuals who are ill or physically disabled
	<input type="checkbox"/> absence from Dutchess County on day of vote	<input type="checkbox"/>	patient or inmate in a Veterans' Administration hospital
	<input type="checkbox"/> temporary illness or physical disability	<input type="checkbox"/>	detention of jail/prison awaiting trial, awaiting action of 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		

2.	absentee ballot(s) requested for the following election(s):
	<input type="checkbox"/> East Fishkill Public Library District Vote

3.	first name _____	last 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 <b>NY</b>	zip code _____

6.	Delivery of Ballot (check one)					
	<input type="checkbox"/> Deliver to me at the Library.					
	<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the Library.					
	<input type="checkbox"/> Mail ballot to me at: (mailing address)					
	street no. _____	street name _____	apt. _____	city _____	state _____	zip code _____

## Applicant Must Sign Below

7.	I certify that I am a qualified and a registered (and for primary, enrolled) 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: <b>X</b> _____ 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 this 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 received by the East Fishkill Public Library seven days before the vote if they are to be mailed to the voter, or received no later than one day before the vote if they are to be hand-delivered to the voter. Applications cannot be received more than thirty days before the vote.**

### **Options available to you if you have an illness or disability:**

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 will be sent upon approval by the Library of your Absentee Application. If you prefer, you may pick up the ballot or designate someone to pick up your ballot for you by completing the required information in Section 6. Contact the Library if you have not received your ballot.