VILLAGE OF GARDEN CITY

351 Stewart Avenue Garden City, New York 11530 (516) 465-4051



ABSENTEE BALLOT APPLICATION

Please print clearly. See detailed instructions on back.

This **application** must either be personally delivered to the Village Clerk not later than the day before the election or postmarked by a governmental postal service not later than the seventh day before Election Day. The **ballot** itself must be received by the Village Clerk no later than the close of polls on Election Day.

1000				
1	I am requesting, in good faith, an absentee ballot due to (check one reason):			
1000	absence from county on election day patient or inmate in a Veterans' A	Administration		
	temporary illness or physical disability Hospital			
	permanent illness or physical disability detention in jall/prison, awaiting t	teial amakina		
	dutles related to primary care of one or more action by a grand jury, or in prison	urar, awarung		
	individuals who are ill or physically disabled of a crime or offense which was n	TOT & CONVICUE	on	
	individuals who are in or physically disabled of a chine of offense which was n	ot a reiony		
2.	absentee ballot(s) requested for the following election(s): Primary Election only General Village Election only Any election held between these dates: absence begins:/ absence ends:/	tion only		
N. BOO	last name or surname first name	middle initial	suffix	
3.			SUTIX	
4	date of birth county where you live phone number (option	at)		
4.)	
T	address where you live (residence) street apt city state	zi	code	
5.	NY			
6.	Delivery of Primary Election Ballot (check one) Deliver to me in person at the V	'illage Clerk's O	ffice.	
U.	I authorize (give name):to pick up my ballot at the Village Cler	k's Office.	i	
	Mail ballot to me at: (mailing address)			
	Street no. Street name apt. City			
_	Spring Lity	state	zip code	
7	Delivery of General (or Special) Election Ballot (check one) Deliver to me in person at the V	illage Clerk's Of	fice.	
	I authorize (give name):to pick up my ballot at the Village Clerk	k's Office.		
	Mail ballot to me at: (mailing address)			
	Street no. Street name Bpt. City			
	Sp. City	state	zip code	
	Applicant Must Sign Below			
	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		
ರ.	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.				
- 1	Sign Here: X Date	1	,	
- 1	Sign Here: A Date		-/	
If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: Dy 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 or 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:	1		
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.				
==	(signature of witness to mark)			
		1		
(address (of witness to mark)	Clerk Use only Rev. 11/14		

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 the Village Clerk by the day before the election. Mailing address is:

Village Clerk Village of Garden City 351 Stewart Avenue Garden City, New York 11530

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 six days before the election in which you are eligible to vote. If applicant or agent delivers the application to the Village Clerk in person after the seventh day before the Village election and not later than the day before the election, the Village Clerk shall deliver such absentee ballots for those applicants who he/she 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 Clerk's Office.