

SARATOGA COUNTY ABSENTEE BALLOT APPLICATION

MAIL TO: BOARD OF ELECTIONS
50 WEST HIGH ST.
BALLSTON SPA, NY 12020

HOME ADDRESS IN SARATOGA COUNTY

NAME Samuel Salami
ADDRESS _____
CITY _____ ZIP _____
DATE OF BIRTH _____
APPLICANT PHONE _____

your full name

<u>FOR BOARD USE ONLY</u>	
Date _____	
Town/City/Dist _____	
Reg No _____	Code _____
Party _____	Ballot taken <input type="checkbox"/> Voted in Office <input type="checkbox"/>
Signature checked by _____	

fill out

I am a registered voter in Saratoga County and do now apply for an Absentee Ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

Delivery of **PRIMARY** election ballot (check one)

Deliver to me in person at Board of Elections.
 Deliver to _____ whom I hereby authorize to receive my ballot.
(NAME OF PERSON WHO IS PICKING UP BALLOT)
 MAIL ballot to me at _____
(ADDRESS)

Delivery of **GENERAL** election ballot (check one)

Deliver to me in person at Board of Elections.
 Deliver to _____ whom I hereby authorize to receive my ballot.
(NAME OF PERSON WHO IS PICKING UP BALLOT)
 MAIL ballot to me at your college here
(ADDRESS)

I will be absent from Saratoga County on the day of election for one of the following reasons:

PLEASE CHECK COLUMN ON LEFT AND COMPLETE STATEMENT ON RIGHT

- 1. Business
- 2. Vacation
- 3. Education (School outside Saratoga County)
- 4. Temporary Illness (Home)
- 5. Temporary Illness (Hospital)
- 6. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action.

your college here

<u>Dates out of County</u>	
From <u>9/1/09</u> to <u>12/15/09</u>	
Where you will be on election day	

7. I am **PERMANENTLY CONFINED (Statement below must be completed)**

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT
(State nature of illness or Disability) _____

I AM PERMANENTLY CONFINED AT _____
(NAME OF INSTITUTION OR RESIDENCE IF CONFINED AT HOME)

ignore

SPECIAL NOTICE: Power of Attorney or use of signature stamp is not acceptable. Signature must be a signature or voter's mark.

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

I certify that the information in 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 VOTER _____

If applicant is unable to sign the application because of illness or physical disability the following statement must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.

Date _____ MARK OF VOTER _____

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

Date _____ SIGNATURE OF WITNESS TO MARK _____

ignore

THIS APPLICATION MUST BE POSTMARKED NOT LATER THAN SEVEN (7) DAYS BEFORE THE ELECTION