

# TOMPKINS COUNTY PERMANENT ABSENTEE BALLOT APPLICATION (8-400)

REV 09/15/11

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

**A**

## I AM A REGISTERED AND QUALIFIED VOTER IN TOMPKINS COUNTY

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Tompkins County Address \_\_\_\_\_

E-mail \_\_\_\_\_

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: \_\_\_\_\_

City/Town/Dist \_\_\_\_\_

Registration # \_\_\_\_\_

Party \_\_\_\_\_

VIO \_\_\_\_\_ TAKEN \_\_\_\_\_

MAILED \_\_\_\_\_

**B**

## \_\_\_\_\_ I AM REQUESTING, IN GOOD FAITH, A PERMANENT ABSENTEE BALLOT

**I qualify for voting by Permanent Absentee because I have a permanent illness or disability.**

**Permanent absentee status means you will automatically receive an absentee ballot for each election you qualify for, without filling out a new application.**

**C**

## 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.*

Sign Here \_\_\_\_\_

Date: \_\_\_\_\_

**Applications must be signed and delivered to the Tompkins County Board of Elections not later than 5:00 pm the day before Election Day. Applications submitted by mail must be postmarked no later than seven (7) days before Election Day.**

## THIS SECTION TO BE COMPLETED ONLY BY PERSONS UNABLE TO SIGN:

*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/her mark to this application in my presence and I know him/her to be the person who affixed their 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 \_\_\_\_\_