**Tompkins County Absentee Ballot Application**

Tompkins County Board of Elections, 128 E Buffalo St., Ithaca, NY 14850

Please Print Clearly. See detailed instructions.  
This application must be either personally delivered to the Tompkins County Board of Elections not later than the day before the election, or postmarked by a governmental postal service not later than the 7th day before the election. The ballot itself must be either personally delivered to the Tompkins County Board of Elections no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the election.

---

### 1. I am requesting, in good faith, an absentee ballot due to: (check one reason)

- [ ] Absence from Tompkins County on election day;
- [ ] Temporary illness or physical disability;
- [ ] Permanent illness or physical disability;
- [ ] Duties related to primary care of one or more individuals who are ill or physically disabled;
- [ ] Patient OR Resident in a Veteran’s Administration Hospital;
- [ ] Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony.

### 2. Absentee ballot(s) requested for the following election(s):

- [ ] Village Election only
- [ ] Primary Election only
- [ ] General Election only
- [ ] Special Election only
- [ ] I am requesting an absentee ballot for the _______Election Year.

### 3. Last name or surname

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle initial</th>
<th>Suffix</th>
</tr>
</thead>
</table>

### 4. Date of birth / / 

<table>
<thead>
<tr>
<th>E-Mail</th>
<th>Phone number (optional)</th>
</tr>
</thead>
</table>

### 5. Address where you live (residence)

<table>
<thead>
<tr>
<th>street</th>
<th>apt.</th>
<th>city</th>
<th>state</th>
<th>zip code</th>
</tr>
</thead>
</table>

**NY**

### 6. Delivery of Primary (or Village) Election Ballot (check one)

- [ ] Deliver to me in person at the board of elections.
- [ ] I authorize (give name): __________________________ to pick up my ballot at the board of elections.

<table>
<thead>
<tr>
<th>street no.</th>
<th>street name</th>
<th>apt.</th>
<th>city</th>
<th>state</th>
<th>zip code</th>
</tr>
</thead>
</table>

### 7. Delivery of General (or Special) Election Ballot (check one)

- [ ] Deliver to me in person at the board of elections.
- [ ] I authorize (give name): ____________________________ to pick up my ballot at the board of elections.

<table>
<thead>
<tr>
<th>street no.</th>
<th>street name</th>
<th>apt.</th>
<th>city</th>
<th>state</th>
<th>zip code</th>
</tr>
</thead>
</table>

---

**Applicant Must Sign Below**

### 8. 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: __________________________ 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.

<table>
<thead>
<tr>
<th>signature of witness to mark</th>
<th>address of witness to mark</th>
</tr>
</thead>
</table>
COVID-19 and
INSTRUCTIONS FOR FILLING OUT AND FILING
ABSENTEE BALLOT APPLICATION

The Primary Election on June 23, 2020 is NOT an All Mail Election
If you want to have a ballot mailed to you, you will need to file an Absentee Ballot Application with us.
If you feel that you have the potential for contraction of the COVID-19 virus for any election held on or before June 23, 2020, you may file for an Absentee Ballot.
In this case, check the box that says you want a ballot for the “June 23, 2020 Primary Election” and check the box that says “Temporary Illness or Disability”. Please fill out the rest of the requested information on the application. Be sure to sign and date the application.

THIS APPLICATION IS ONLY GOOD FOR THE JUNE 23, 2020 PRIMARY ELECTION

FILING INSTRUCTIONS (Use one of the following three methods):

Mail the Application to: Tompkins County Board of Elections, 128 E. Buffalo Street, Ithaca, NY 14850

Scan and email the application to elections@tompkins-co.org

Fax the application to the Tompkins County Board of Elections at (607) 274-5533