

Absentee Ballot Application - Village of Williamsville

Please print clearly. See detailed instructions on back.

VILLAGE USE ONLY

District No. _____

Ballot Mailed/Hand Delivered on _____

To the Clerk of the Village of Williamsville: I _____, an applicant for an absentee ballot, state as follows: I reside at _____, and I am a registered voter of the Village of Williamsville, County of Erie, and I know of no reason why I am no longer qualified to vote.

Reason for Requesting an Absentee Ballot Application:

- | | |
|--|--|
| <input type="checkbox"/> Military service, duties, occupation, business, studies or vacation | <input type="checkbox"/> Illness, physical disability or hospital patient |
| <input type="checkbox"/> Patient in Veterans Administration hospital | <input type="checkbox"/> Permanently disabled (Must request separate form) |
| <input type="checkbox"/> Accompanying a spouse, parent, or child | |

MILITARY SERVICE, DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

I expect in good faith to be absent from the County of Erie, State of New York, on the day of the next general or special village election because my military service, duties, occupation, business, studies, or vacation require me to be elsewhere, as follows:

1. Briefly explain your position and nature of duties, occupation, business, studies, or vacation requiring such absence. Give the dates when you expect to begin and end your absence. _____
2. Place or places where you expect to be on military service, business, studies or on vacation. _____
3. If business, name and address of employer. If self-employed or unemployed, so state. If student, give name of school. _____

ACCOMPANYING A SPOUSE, PARENT, OR CHILD

I certify that I will be absent from the County of Erie, State of New York, on the day of the next general or special village election because I will be accompanying my spouse, parent, child, who falls within one of the above categories.

Name and address of such relative: _____

DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I am unable to go to my polling place because I am ill or physically disabled, and advised not to by my medical practitioner or

Christian Science practitioner. _____
(Name and address of medical practitioner or Christian Science practitioner)

I expect to be a patient in _____ hospital, whose address is _____

ALL APPLICANTS MUST FILL OUT FOLLOWING

If application is approved, I request ballot be delivered as follows (check one):

- Personally to me or a member of my family. Give name of person authorized to receive ballot: _____
- Mailed to me at the following address: _____

APPLICANT 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.

Date _____ Signature of Voter _____

(If applicant is unable to sign application because of illness or physical disability, the following statement must be executed): By my mark, duly witnessed hereunder, I hereby state that I am unable to sign any application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability. I have made, or have received assistance in making, my mark in lieu of my signature.

Date _____ Mark of Voter _____

I, the undersigned, hereby 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 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 TO ABSENTEE VOTERS

1. Each person must apply 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.
2. All qualified voters must fill out, in full, the Statement on the front of this form and personally sign it (unless physically unable to do so).
3. Applications must be received by the Village Clerk not earlier than 4 months and not later than 6 days before the election for absentee ballot to be MAILED.
4. Personal application for absentee ballot must be received by the Village Clerk not later than 1 day prior to election from applicant or his agent.
5. This application is good only for the special or general village election to which it specifically pertains. You must, unless permanently disabled, renew your application for each special or general election if you are still eligible to vote via absentee ballot.