Form No. 5 Format Rev. (4-98) WILLIAMSON LAW BOOK COMPANY • VICTOR, NY 14564

Village of Larchmont, Election District 1

ABSENTEE BALLOT APPLICATION - VILLAGE ELECTION

- ☐ **Due to Military Service (Sec. 15-120)**
- ☐ **Due to Duties, Occupation, Business, Studies or Vacation (Sec. 15-120)**
- ☐ **Due to Illness or Physical Disability (Sec. 15-122)**
- ☐ **Due to Permanent Illness or Permanent Disability (Sec. 15-122)**

(SEE REVERSE SIDE FOR INSTRUCTIONS)

To the Clerk of the Village of _____

_____, an applicant for an absentee ballot, states as follows:
(Print or Type Name)

I reside at _____, and I am a qualified voter of the Village of
(Street, Number, Name of Post Office & Zip Code)

_____, _____ Election District, County of _____

I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE.

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

I expect in good faith to be absent from the County of _____, State of New York, on the day of the next general or special village election on _____,20 _____ because my duties, occupation, business, studies, military service or vacation require me to be elsewhere, as follows:

1. Explain briefly your position and nature of duties, occupation, studies, military service or business requiring such absence. If absence is based on vacation, so state and give dates when you expect to begin and end your vacation.

   _____

2. Place or places where you expect to be on military service, business, studies or on vacation. _____

   _____

3. Name of employer, if any. _____
   (If Self Employed or Unemployed, so state - If Student, give Name of School)

4. Address of employer _____
   (If Student, give Address of School)

5. If this application is based by reason of accompanying your spouse, child or parent: would such spouse, child or parent, if a qualified voter, be entitled to apply for the right to vote by absentee ballot? _____,
   (Yes or No)

   _____, _____
   (Name of such Spouse, Child or Parent) (Relationship to You)

6. If this application is based by reason of being or expecting to be an inmate of a veteran's hospital, give name and address of hospital. _____

7. If application is based on confinement pending trial in a criminal proceeding or for conviction of a crime or offense other than a felony, give particulars: _____

   _____

DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner or Christian Science practitioner:

_____
(Name and Address of Medical Practitioner or Christian Science Practitioner)

that I will be unable to appear personally at the polling place of the election district in which I am a qualified voter on the day of the next general or special village election because of my ☐ Illness ☐ Physical Disability and will be confined ☐ at Home, in a ☐ Hospital. If hospital confinement is expected, state name and address of Hospital. *(Check appropriate boxes)*

_____ _____
(Name of Hospital) (Address of Hospital)

DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

☐ I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future elections without my making further application. The nature of my permanent illness or disability is _____

_____

ALL APPLICANTS MUST FILL OUT FOLLOWING

If application is approved, I request ballot be delivered personally to me or to _____ as my agent, or mailed to me at the following address:

_____
(Print or Type)

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 my application for an absentee ballot without assistance because I am unable to write by reason of my illiteracy, illness or physical disability. I have made, or have received assistance in making, my mark in lieu of my signature.

Date _____ Name of Voter _____ (Mark)

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)