

ABSENTEE BALLOT APPLICATION (8400)

Onondaga County Board of Elections

421 Montgomery Street Civic Center, 15th Floor Syracuse, N.Y. 13202

TIME STAMP

FOR OFFICE USE ONLY. (Board of Elections Fills Out This Box)

Serial # _____

City/Town _____ VOTED IN OFFICE: _____ (EMP. INT)

Ward _____ District _____ BALLOT TAKEN _____ (EMP. INT)

Party Affiliation _____

***** ALL APPLICANTS MUST COMPLETE FOLLOWING *****

I am requesting an absentee ballot for (check one):

- Primary Election Only General Election Both Primary and General Election

Applicant's Name _____
Last First Initial Date of Birth

Home Address _____

City or Town _____

ONONDAGA COUNTY Phone # _____

MAIL BALLOT TO THIS ADDRESS:
(Ballots Are Mailed Approximately 3 Weeks Before Each Election)

Address _____

City State Zip

I qualify for voting by absentee ballot because I will be absent from Onondaga County on the day of the Election and/or for one of the following reasons:
Please check column on left and complete right-hand column as to reason for your absence.

- | | |
|---|--|
| _____ 1. Duties, Occupation or Business | ALSO STATE THE DATES AND REASONS FOR SUCH ABSENCE |
| _____ 2. Vacation | Reason _____ |
| _____ 3. Education (School outside of Onondaga County) | _____ |
| _____ 4. Temporary Illness (At Home) | Location _____ |
| _____ 5. Temporary Illness (in Hospital) | _____ |
| _____ 6. I will be detained in jail for an offense other than a felony or awaiting trial
or grand jury action. (Print name of institution) _____ | Date from _____ 200 _____ Dates to _____ 200 _____ |

_____ 7. I am confined due to a permanent illness or disability (Statement below must be complete)

ONLY FOR PERMANENT ILLNESS OR 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)

I am hereby applying for an absentee ballot because of the following reason: *(State nature of illness or disability)* _____

I am permanently confined at _____
(Name and address of institution or residence if confined at home)

NOTE: PERMANENT ILLNESS OR DISABILITY QUALIFIES YOU FOR AN ABSENTEE BALLOT TO BE MAILED TO YOU FOR FUTURE ELECTIONS WITHOUT MAKING FURTHER APPLICATION.

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."

_____ Date _____ 200 _____ X _____ Signature of Applicant

Applications must be signed and received by the Onondaga County Board of Elections NOT LATER THAN 5:00 P.M., seven (7) days before Election Day. Applications Mailed must be Postmarked (7) seven days before Election.