TOWN OF LAFAYETTE SPECIAL ELECTION
ABSENTEE BALLOT APPLICATION
LaFayette Town Clerk - 2577 Route 11, P.O. Box 193, LaFayette, NY 13084

Applications must be signed and *delivered* to the LaFayette Town Clerk's Office <u>not later than</u> 5:00 p.m., April 15, 2014.

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____/_____/_____   County (where you live): _____

Address (where you live): _____

Delivery of Special Election Ballot: (Ballots are mailed approximately 3 weeks before each Election)

Mail ballot to me at (mailing address): _____

I designate the following person to pick up my ballot: _____

**An Absentee Ballot is requested for the following Election: Town of LaFayette Special Election, April 16, 2014,
I AM REQUESTING, IN GOOD FAITH, AN ABSENTEE BALLOT DUE TO (check on reason):**

☐ Absent from County

☐ Primary Caregiver for ill or disabled person(s)

☐ Detention in jail awaiting action by grand jury or a trial or confined in jail for an offense other than a felony

☐ Temporary illness or Disability

☐ Permanent illness or Disability
A Permanent absentee status qualifies you to automatically receive an absentee ballot for each election you qualify for without a new application

ALL APPLICANTS MUST SIGN BELOW (Signature by 'Power of Attorney' will not be accepted)

I certify that I am a qualified and a registered voter; and 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 _____   **Date** _____

THIS SECTION TO BE COMPLETED ONLY BY PERSONS UNABLE TO SIGN DUE TO ILLNESS, PHYSICAL DISABILITY OR INABILITY TO READ, (No 'Power of Attorney' or preprinted name stamps allowed)

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 received assistance in making my mark in lieu of my signature.

Date _____/_____/_____   Name of Voter: _____   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 _____

FOR OFFICE USE ONLY
☐ Voted in office
☐ Ballot Taken

TIME STAMP

_____
Staff initials