

VILLAGE OF LAUREL HOLLOW – ABSENTEE BALLOT APPLICATION

This application must either be personally delivered to the Village Clerk not later than the day before the election, or postmarked by a governmental postal service not later than the 7th day before election day. The ballot itself must be received by the Village Clerk by close of polls on election day.

I am requesting an application for an absentee ballot for the Village of Laurel Hollow election to be held on: _____

Last Name: _____ First Name: _____ Middle Init: _____

Street Address: _____ Laurel Hollow, NY _____
Zip code

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

During all hours of voting I will be unavoidably absent from Nassau County as:

- I am a member of the armed forces of the USA, *or*
- I am a student matriculated at an institution of learning located outside of the county, *or*
- I am a patient at a veterans administration hospital, *or*
- My duties, occupation or business require me to be outside of the county, *or*
- I will be on vacation outside of the county, *or*
- I will be accompanying a parent, spouse, or child who lives in my household who otherwise qualifies for an absentee ballot application
- Due to Illness or Physical Disability
- Due to Permanent Illness or Permanent Disability (If you are a permanently disabled voter in Nassau County you do not need to submit this application. A ballot will be mailed to you automatically)

ALL APPLICANTS MUST FILL OUT THE 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: _____

APPLICANT MUST SIGN BELOW

I CERTIFY THAT I AM A QUALIFIED AND REGISTERED VOTER IN THE VILLAGE OF LAUREL HOLLOW; 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. 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 AFIDAVIT 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 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 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)