

**ABSENTEE BALLOT APPLICATION**  
**FOR VILLAGE OF AIRMONT ELECTIONS: March 21, 2023**

To receive an absentee ballot: **In-Person** - Application must be personally delivered to the Clerk of the Village of Airmont not later than the day before the election. **By Mail** – Application must be received by the Clerk of the Village of Airmont not later than the 7<sup>th</sup> day before the election (March 14, 2023). Mail to: **VILLAGE CLERK, Village of Airmont, P.O. Box 578, Tallman, NY 10982.**

The ballot itself must either be personally delivered or delivered by mail to the Clerk of the Village of Airmont no later than the close of polls on Election Day.

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

- 1. Absent from County on Election Day
- 2. Temporary illness or physical disability
- 3. Permanent illness or physical disability
- 4. Duties related to primary care of one or more individuals who are ill or physically disabled
- 5. Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony
- 6. Patient or inmate in a Veteran's Administration Hospital

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
Address: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

Absentee Ballot requested for the following election:  
\_\_\_\_ **Village General Election, Tuesday, March 21, 2023**

**SEND BALLOT TO: \_\_\_\_\_ ZIP CODE \_\_\_\_\_**  
**OR, I AUTHORIZE \_\_\_\_\_ TO PICK UP MY BALLOT AT THE VILLAGE**  
**OF AIRMONT, P.O. BOX 578, TALLMAN, NY 10982.**

I certify that I am qualified and a registered voter; 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.

**SIGN HERE: X \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**If applicant is unable to sign the application because of illness or physical disability the following statement must be executed:** By my mark, duly witnessed hereunder, I 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. (No power of attorney or preprinted name stamps allowed).

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_/ NAME OF VOTER: \_\_\_\_\_ MARK OF VOTER: \_\_\_\_\_

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to the 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.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE OF WITNESS TO MARK: \_\_\_\_\_

ADDRESS OF WITNESS TO MARK: \_\_\_\_\_