Absentee Ballot Application
for the Howland Public Library

Applications for absentee ballots may be applied for at the library office. If the ballot is to be mailed to the voter, the completed application must be received by the Library Election Clerk no later than 4:00pm prevailing time seven (7) days before the annual library budget vote and election. If the ballot is to be delivered personally to the voter, the completed application must be received by the Library Election Clerk no later than 5:00pm prevailing time one (1) day before the annual Library budget vote and election. Applications may be returned to the Howland Public Library, 313 Main Street Beacon, NY 12508.

Please print clearly.

I am requesting, in good faith, an absentee ballot due to (check reason):
- absence from county on election day
- temporary illness or physical disability
- duties related to primary care of one or more individuals who are ill or physically disabled
- resident or patient of a Veterans Health Administration Hospital
- 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

last name or surname
first name
middle initial
suffix

date of birth MM/DD/YYYY
Dutchess
phone number
e-mail (optional)

address where you live (residence) street    apt    city
state   zip code
NY

Delivery of Absentee Ballot (check one)
- I will pick up at the library
- I authorize (give name): _________________________________ to pick up my ballot at the library.
- Mail ballot to me at (mailing address):

street no.    street name    apt.    city
state   zip code

Applicant Must Sign Below
I certify that I am a qualified voter of the Beacon City School District in which I reside in that: I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days next preceding such date, and I am registered in the district. 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: _____/_____/_______

MM/DD/YYYY