

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 | county where you live Dutchess | phone number | email (optional) |
|--------------------------|--|--------------|------------------|

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

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|---|------------|-------------|------|------|----------|
| Delivery of Absentee Ballot (check one) | | | | | |
| <input type="radio"/> I will pick up at the library | | | | | |
| <input type="radio"/> I authorize (give name): _____ to pick up my ballot at the library. | | | | | |
| <input type="radio"/> Mail ballot to me at (mailing address): | | | | | |
| _____ | street no. | street name | apt. | city | state |
| | | | | | zip code |

Applicant Must Sign Below

| | |
|--|--|
| <p>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.</p> | |
| Sign Here: X _____ | Date: ____/____/____ <small style="text-align: center;">MM/DD/YYYY</small> |