ALBERT WISNER PUBLIC LIBRARY
ABSENTEE BALLOT APPLICATION
TAX LEVY VOTE AND TRUSTEE ELECTION - May 7, 2024

PLEASE PRINT CLEARLY.

This application may only be used for Albert Wisner Public Library votes by qualified voters who reside in the Warwick Valley Central School District. If the application requests that the absentee ballot be mailed, the application must be received by the Library (1 McFarland Dr., Warwick, NY 10990) not later than 10 calendar days before the vote for which the absentee ballot is sought. Otherwise, the application may be personally delivered to the Library not later than the day before the vote. Applications may not be submitted more than 30 days prior to the vote. If you are qualified for absentee voting, and are issued an absentee ballot, the ballot itself must be received at the Library by 9:00pm on the day of the vote (May 7, 2024) in order to be canvassed.

1 **I am requesting, in good faith, an absentee ballot because of (check one reason):**

___ Absence from county on election day
___ Temporary illness or physical disability
___ Permanent illness or physical disability
___ Duties related to primary care of one or more individuals who are ill or physically disabled
___ Resident or patient of Veterans Health Administration Hospital
___ Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for conviction of a crime or offense that was not a felony

2 **Absentee Ballot requested for the following: ____ Tax Levy Vote and Trustee Election – May 7, 2024**

3

Last name or surname	First name	M. Initial	Suffix

4

Date of Birth	School district where you reside	Phone number	Email
/ /			

5 Address where you live (residence) STREET APT. CITY STATE ZIP

NY

6 Delivery of Absentee Ballot (check one)

___ Deliver to me in person at Albert Wisner Public Library.
___ I authorize (give name): _____ to pick up my ballot at Albert Wisner Public Library.
___ Mail ballot to me at this address (if different from address provided above):

_____
Street no. Street name Apt. City State Zip

APPLIC

7 **I certify that I am a qualified and registered voter. I hereby declare 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.**

DATE _____ **SIGNATURE OF VOTER** _____

If applicant is unable to sign because of illness, physical disability of 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 the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

DATE: _____ NAME OF VOTER: _____ MARK: _____

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

_____ _____
(Print name of witness to mark) (Signature of witness to mark)

_____
(Address of witness to mark)