

ABSENTEE BALLOT

Qualifications to Vote by Absentee Ballot

- Absent from your County or, if a resident of New York City absent from the five boroughs, on Election Day.
- Unable to appear at the polls due to temporary or permanent illness or disability (temporary illness includes being unable to appear due to risk of contracting or spreading a communicable disease like COVID-19).
- Unable to appear because you are the primary care giver of one or more individuals who are ill or physically disabled.
- A resident or patient of a Veterans Health Administration Hospital.
- Detained in jail awaiting Grand Jury action or confined in prison after conviction for an offense other than a felony.

You may apply for an absentee ballot in any of the following ways:

- By sending an email or fax request to the Village Clerk for an Absentee Application
- By going in-person to the Village Office and requesting an Absentee Application

Submitting your Absentee Ballot Application:

Upon completion, the Absentee Ballot Application must be mailed to the Village Clerk no later than the seventh day before the election (September 8, 2020) or delivered in person no later than the day before the election.(September 14, 2020)

Village of Lattingtown
P.O. Box 488
Locust Valley, NY 11560
Attn: Village Clerk

How to Cast an Absentee Ballot

- Upon timely receipt of your Absentee Ballot Application the Village Clerk will mail you the official ballot and return envelope
- Once you receive the ballot, mark the ballot according to your choices for each office following the instructions on the ballot
- Once you have completed marking your ballot fold it up and place it in the Security Envelope. (This envelope will have a place for your signature.)
- **Sign and date the outside of the Security Envelope. Must be signed to be accepted by Village.**
- Seal the Security Envelope.

- Place the Security Envelope in the Return Envelope. (This envelope will have the return address of your Village on the outside and should have a logo that reads, “Official Election Mail”)
- Seal the Return Envelope.
- You may return the ballot in any of the following ways:
 1. Put it in the mail ensuring it receives a postmark no later than September 8, 2020.
 2. Bringing it to the Village Clerk at Village Hall no later than September 14, 2020.
 3. Bringing it to the Village poll site on September 15, 2020 between the hours of 12 p.m. to 8:59 p.m.
- If you cannot pick up your ballot, or will not be able to receive it through the mail, you have the right to designate someone to pick it up for you. Only that person designated on your application may pick up and deliver your ballot.

New York Village Absentee Ballot Application

Please print clearly.

This application must either be personally delivered to your village clerk's office not later than the day before the election if the absentee ballot is being picked up by you or your designee, or received by the village clerk's office not less than seven days prior to the date of the election if the ballot is to be mailed to you. The ballot itself must be received by the village clerk's office not later than the close of the polls on the date of the election.

CLERK USE ONLY:

Village/City/Ward/Dist: _____

Registration No: _____

Party: _____

voted in office

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

<input type="checkbox"/> absence from the county on election day	<input type="checkbox"/> patient or inmate in a Veterans' Administration Hospital
<input type="checkbox"/> temporary illness or physical disability	<input type="checkbox"/> 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
<input type="checkbox"/> permanent illness or physical disability	
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	

2. absentee ballot(s) requested for the following election(s):

Primary Election only General Election only Special Election only

Any election held between these dates: absence begins: ____/____/____ absence ends: ____/____/____

3. last name or surname: _____ first name: _____ middle initial: _____ suffix: _____

4. date of birth: ____/____/____ county where you live: _____ phone number (optional): _____

5. address where you live (residence) street: _____ apt: _____ city: _____ state: **NY** zip code: _____

6. Delivery of Primary Election Ballot (check one) Deliver to me in person at the village office

I authorize (give name): _____ to pick up my ballot at the village office.

Mail ballot to me at: (mailing address)

street no. _____ street name _____ apt _____ city _____ state _____ zip code _____

7. Delivery of General (or Special) Election Ballot (check one) Deliver to me in person at the village office

I authorize (give name): _____ to pick up my ballot at the village office.

Mail ballot to me at: (mailing address)

street no. _____ street name _____ apt _____ city _____ state _____ zip code _____

Applicant Must Sign Below

8. I certify that I am a qualified and a registered (and for primary, enrolled) 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 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 the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date ____/____/____ Name of Voter: _____ Mark: _____

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 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)

Clerk's Use Only