VILLAGE OF YOUNGSTOWN Absentee Ballot Application

Please print clearly. See detailed instructions.

Village use only:

Registration No:_____

Party:_____

☐ Voted in Office

This application must either be personally delivered to The Village of Youngstown Clerk's Office not later than the day before the election, or postmarked by a governmental postal service not later than 7th day before election day. The ballot itself must either be personally delivered to the Village of Youngstown Clerk's Office no later than the close of polls on election day (9:00 p.m.), or received by the Clerk's Office by the governmental postal service prior to the close of polls on election day.

1. I am requesting, in good faith, an absentee ballot for the Village Board of Trustees election due to (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 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

2. Last name or surname: | First name: | Middle initial: | Suffix:

3. Date of birth: MM/DD/YYYY | Phone number (optional): | Email (optional):

4. Address where you live (residence) street apt

Youngstown, NY 14174

5. Delivery of ballot:

☐ I authorize (give name):_____to pick up my ballot at the Clerk's Office.

☐ Mail ballot to me at: (mailing address)

_____

street no. street name apt. city state zip

Applicant Must Sign Below

6. 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 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:_____