

Village Election of Orchard Park - Absentee Ballot Application

Please Print Clearly

This application must either be personally delivered to the Orchard Park Village Clerk not later than the day before the election, or postmarked by a governmental postal service not later than the 7th day before Election Day.

The ballot itself must either be personally delivered to the Orchard Park Village Clerk no later than the close of polls on Election Day or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the election.

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

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Absence from the Village on Election Day | <input type="checkbox"/> | Resident or patient of a Veterans' Health 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 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 | | |

Last Name or Surname _____

First Name _____

Middle _____

Suffix _____

Date of Birth mm/dd/yyyy
_____-_____-_____

Phone Number
(optional)

Email Address (optional)

Address where you live (residence):

Orchard Park, NY 14127

Delivery of Village Election Ballot: (check one) Delivery to me in person at Village Office

I authorize _____ to pick up my ballot in the Orchard Park Village Office

Mail ballot to me at: _____

*Applicant must sign below:

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 _____ 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.)

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 material false statement, shall subject me to the same penalties as if I had been duly sworn.

Name of witness _____ Signature of witness _____

Address of witness _____