

Village of Northport 224 Main Street Northport, NY 11768 61-7502 www.porthportny.gov

AD:	ED:_	
Clerk Use	Only - Rev.	12/202

(631) 261-7502 <u>www.northportny.gov</u>

VILLAGE OF NORTHPORT ABSENTEE BALLOT APPLICATION

Please print clearly. See detailed instructions on back.

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

This **application** must either be personally delivered to the Village Clerk not later than the day before the election, or postmarked by agovernmental postal service not later than the 7th day before Election Day. The **ballot** itself must be personally delivered to the Village Clerk no later than the close of polls on Election Day.

undersigned, hereby certify that the above named voter affixed his or her mark to said application in my presence and I know him er to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all oses 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	☐ temporar ☐ permane ☐ duties re	from county on election day y illness or physical disability nt illness or physical disability lated to primary care of one or more ls who are ill or physically disabled	 	patient or inmate in a Veteran Hospital detention in jail/prison, awaiti action by a grand jury, or in pri of a crime or offense which wa	ng trial, awaiting ison for a convicti	on
4. date of birth	Primary E	lection only Gene	ral Village Election or	1136	Election only	
Delivery of Primary Election Ballot (check one) authorize (give name):		ame	first name		middle initial	suffix
Delivery of Primary Election Ballot (check one)		county w	here you live	phone number (o	ptional)	
To pick up my ballot at the Village Clerk's Office. Mail ballot to me at: (mailing address) Street no. Street name Str	5. address where	you live (residence) street	apt	5)(zip code
Delivery of General (or Special) Election Ballot (check one) Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to me in person at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot at the Village Clerk's Office. Deliver to pick up my ballot in the Village Clerk's Office. Deliver to pick up my	6. Iauthor	ize (give name):		CC PROCESS DE SE	38. (4.3)	Office.
Tauthorize (give name):	street no.	street name	apt.	city	state	zip code
Applicant Must Sign Below I certify that I am a 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 Dicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: Dy my extended to write by reason or my illness or physical disability or because I am unable to read. I have made, or have the assistance because unable to write by reason or my illness or physical disability or because I am unable to read. I have made, or have the assistance in ng, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions). Mark: Fundersigned, hereby certify that the above named voter affixed his or her mark to said application in my presence and I know him er to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all osses 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 duly sworn. (signature of witness to mark)	/ □ I author	ize (give name):	3817F-80			Office.
Icertify that I am a 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 Date Dicardia is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: Dy my contains a disability or physical disability or an absentee ballot without assistance because unable to write by reason or my illness or physical disability or because I am unable to read. I have made, or have the assistance in night mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions). Mark: Undersigned, hereby certify that the above named voter affixed his or her mark to said application in my presence and I know him to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all once 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 duly sworn. (signature of witness to mark)	street no.	street name	apt.	city	state	zip code
is, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because unable to write by reason or my illness or physical disability or because I am unable to read. I have made, or have the assistance in ng, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions).	8. I certify that application we subject me to	am a qualified and a registered voter; and vill be accepted for all purposes as the equ or the same penalties as if I had been duly s	ivalent of an affidavit a	and, if it contains a material fals	e statement, shall	
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er to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all oses 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 duly sworn. (signature of witness to mark)	/Name	e of Voter:	Mark:			
20(55)	er to be the person who	affixed his or her mark to said application and	understand that this state	ement will be accepted for all	i i	
20(55)		(signature of w	vitness to mark)			
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INSTRUCTIONS:

Who may apply for an absentee ballot?

Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegalballot, or to help anyone to cast an illegal ballot.

Where and when to return your application:

Applications must be mailed seven days before the election, or hand-delivered to your Village Clerk by the day before the election.

Options available to you if you have an illness or disability:

If you check the box indicating your illness or disability is permanent, once your application is approved you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

When your ballot will be sent:

Your absentee ballot materials will be sent to you at least 6 days before the election in which you are eligible to vote. If applicant or agent deliversthe application to the Village Clerk in person after the seventh day before the village election and not later than the day before the election, the Village Clerk shall deliver such absentee ballots for those applicants who he determines are qualified to make such applications and to receive suchballots to such applicants or the agents named in the applications when such applicants or agents appear in the Village Clerk's office.

RETURN TO:

Village of Northport Clerk's Office 224 Main Street Northport, NY 11768