

Village of Saltaire Absentee Ballot Application

Clerk Use Only	
Approved	
Denied	

Please print clearly. See detailed instructions:

For delivery of the Ballot in person, the Absentee Ballot Application must be received by the Village Clerk not later than the day before the election. For delivery of the Ballot by mail, the Absentee Ballot Application must be received by the Village Clerk not later than seven days before the election. The Ballot itself must be received by the Village Clerk, either by mail or in person, not later than the close of polls on Election Day.

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

absence from Village on election day	patient or inmate in Veteran's Administration Hospital
temporary illness or physical disability	
permanent illness or physical disability	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
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):

General Election only	Special Election only
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3 last name or surname first name middle initial suffix

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4 date of birth county where you live phone number (optional)

____/____/____		
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5 Saltaire Address:

6 Delivery of General (or Special) Election Ballot (check one): Delivery to me in person at Village Hall

I authorize (give name): _____ to pick up my ballot at Village Hall.

Mail to me at: (mailing address)

street no.	street name	apt	city	State	zip code
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Applicant Must Sign Below:

7 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** ____/____/____

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 my 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)