



VILLAGE OF BAXTER ESTATES
315 MAIN STREET
PORT WASHINGTON, NY 11050
 Telephone (516) 767-0096
 Facsimile (516) 767-0058
 Website www.BaxterEstates.org

FOR VILLAGE USE ONLY Voter ID: _____
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VILLAGE OF BAXTER ESTATES ABSENTEE BALLOT APPLICATION

Please print clearly. See detailed instructions on back.

To receive an absentee ballot:

In-Person – Application must be personally delivered to the Village not later than the day before the election.

By Mail – Application must be received by the Village not later than the 10th day before the election. The ballot itself must either be personally delivered to the Village no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day of the election and received no later than 7 days after the election.

1. Reason for Request

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

- | | |
|---|---|
| <input type="checkbox"/> Absence from County on Election Day | <input type="checkbox"/> Patient or inmate in a Veterans' Administration Hospital |
| <input type="checkbox"/> Temporary illness of physical disability | <input type="checkbox"/> Detention in jail/prison, waiting 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 of 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), Check All that Apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> General Election Only | <input type="checkbox"/> Special Election Only | <input type="checkbox"/> All Elections this Year |
| <input type="checkbox"/> Any election held between these dates: Absence begins: ___ / ___ / _____ Absence Ends: ___ / ___ / _____ | | |

3. Personal Information:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix
_____	Nassau	_____	_____
Date of Birth	County	Phone Number (optional)	Email (optional)

4. Address Where You are Registered:

_____	_____	Port Washington	New York	11050
Address	Apt. (optional)	City	State	Zip Code

5. Deliver of General or Special Election Ballot (Check One):

- Deliver to me in person at the Village Office
- I authorize _____ to pick up my ballot at the Village Office
- Mail the ballot to me at: _____
- | | | | | |
|---------|-----------------|-------|-------|----------|
| _____ | _____ | _____ | _____ | _____ |
| Address | Apt. (optional) | City | State | Zip Code |

6. Applicant Must Sign Below

I certify that I am a qualified and registered voter in Nassau County 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.

_____	_____
Signature	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 illness or physical disability or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

_____	_____	_____
Name of Voter	Mark	Date

I, the undersigned, hereby certify that the above named voter affixed their mark to this application in my presence and I know them to be the person who affixed their 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.

_____	_____
Signature of Witness to Mark	Address of Witness to Mark

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 illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:

If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special legal provisions if you apply using the Federal Postcard Application (FPCA). For more information about military/overseas voting, contact the Nassau County Board of Elections or refer to the Military and Federal Voting sections at: <http://www.elections.ny.gov/>

Where and when to return your application:

Applications for an absentee ballot that will be delivered in-person at the Village Hall to the voter, or an agent of the voter must be received not later than the day before the election. Applications for a ballot to be delivered by mail to the voter must be received at the Village Hall no later than 10 days before the election.

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

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 beginning 46 days before the Village Election in which you are eligible to vote. If you applied after this date, your ballot will be sent immediately after your completed and signed application is received and processed by the Village Clerk. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in section 4, as appropriate. Contact the Village Hall if you have not received your ballot.

RETURN FORM TO:

Village of Baxter Estates
Village Clerk's Office
315 Main Street
Port Washington, NY 11050