

Special Absentee Ballot Application – Town of Austerlitz, NY

This application must be completed, signed, and returned to the Town Clerk, Town of Austerlitz.

- **Mail** to the Town Clerk, Town of Austerlitz at **P.O. Box 238, Spencertown, NY 12165**, or
- **Hand deliver** to the Town Clerk at **Austerlitz Town Hall, 816 Route 203, Spencertown, NY**.

See the **Application deadlines** in box 4, below.

Ballot delivery deadline: (Unlike a regular election, your completed Ballot must be RECEIVED by the Town Clerk no later than Election Day, May 25, 2021.)

1	Last name or surname	First name	Middle initial	Suffix
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2	Residence Address (where registered to vote)	Town	Date of birth / /
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I request an absentee ballot for the following election: **Town of Austerlitz Special Election, May 25, 2021**

3	<p>I will be unable to appear to vote in person on the day of the Election and am requesting an absentee ballot for the following reason: (You MUST select one)</p> <p><input type="checkbox"/> Illness or physical disability, or in hospital (this includes the risk of exposure to COVID-19). <u>Every voter may select this reason.</u></p>	<p><input type="checkbox"/> Duties, occupation or business (or that of spouse, parent, or child), requires my absence from county on election day.</p> <p><input type="checkbox"/> On vacation outside of county on election day.</p> <p><input type="checkbox"/> Detention in jail/prison, awaiting trial or action by grand jury, or in prison for a conviction which was not a felony.</p>
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4	<h3>Delivery of Special Election Absentee Ballot:</h3>	<h3>APPLICATION DEADLINES</h3>
	<p><input type="checkbox"/> Mail the ballot to me at this address (write in address here):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Deliver the ballot to me at the Office of the Austerlitz Town Clerk (during regular hours of the Town Clerk).</p> <p><input type="checkbox"/> I authorize (name) _____ to pick up my ballot at the Office of the Town Clerk.</p>	<p><i>If you want your absentee ballot to be mailed to you, this application MUST BE RECEIVED by the Town Clerk by May 18, 2021.</i></p> <p><i>If you want to pick up your absentee ballot at the Town Clerk's Office, or have it picked up by a designated person, this application MUST BE RECEIVED by the Town Clerk by May 24, 2021.</i></p>

Applicant Must Sign Below: I certify that I am a qualified and registered voter in the Town of Austerlitz; and I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor.

5 Sign Here: X _____ Date ___ / ___ / 2021

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 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