



Comsewogue Public Library Absentee Ballot Application

(for Library Elections, Budget Votes and Referenda)

Please print clearly.

This application may only be used for Comsewogue Public Library (CPL) votes/elections by registered voters who reside in the Comsewogue School District. If the applicant requests that the absentee ballot be mailed, the application must be received by CPL's administration office not later than 7 days before the vote/election (by 5 p.m.) for which the absentee ballot is sought. Otherwise, the application may be personally delivered to CPL's administration office not later than the day before the election (by 5 p.m.). Applications may not be submitted more than 30 days prior to the election. If you are qualified for an absentee ballot and issued an absentee ballot, the ballot itself must be received by CPL's administration office by 5 p.m. on the day of the vote/election in order for it to be canvassed.

1	I am requesting, in good faith, an absentee ballot due to (check one reason):	
	<input type="checkbox"/> absence from county on election day	<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled
	<input type="checkbox"/> temporary illness or physical disability	<input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital
	<input type="checkbox"/> permanent illness or physical disability	<input type="checkbox"/> 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

2	The absentee ballot is being requested for the following public library vote/election:
	<input type="checkbox"/> Annual Election & Budget Vote <input type="checkbox"/> Budget Revote <input type="checkbox"/> Referendum

3	Last name (surname)	First Name	Middle Initial	Suffix

4	Date of Birth	School district where you reside	Phone number (optional)	Email (optional)
	___/___/_____	Comsewogue UFSD		

5	Address where you live (residence)

6	Delivery of Library Absentee Ballot (check one)
	<input type="checkbox"/> Deliver to me in person at the Comsewogue Public Library <input type="checkbox"/> I authorize (give name): _____ to pick-up my ballot at CPL <input type="checkbox"/> Mail ballot to me at: (mailing address) _____

Applicant Must Sign Below

7	I certify that I am a qualified and registered voter of the school district serviced by the public library. 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 in the foregoing statement of application for an absentee ballot, I may be guilty of a misdemeanor. Date _____ Signature of Voter _____
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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 had 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: _____

The undersigned, hereby certifies that the above named voter affixed his or her mark to this application in my presence and I know him/her to be the person who affixed his/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)