

# ABSENTEE BALLOT APPLICATION—VILLAGE ELECTION

Village of Quogue  
PO Box 926, 7 Village Lane  
Quogue, NY 11959

\*\*\*\*\*INSTRUCTIONS\*\*\*\*\*

1. Complete name and residence address.
2. Check the appropriate box specifying the reason for this application.
3. Complete the ballot delivery instruction.
4. Sign the application, or if unable to sign, have your mark witnessed.
5. This application must be mailed to the Village Clerk not later than the 7th day before the election date or delivered to the Village Clerk not later than the day before the election date.

To the Village Clerk of the Village of Quogue: \_\_\_\_\_, an applicant for  
(Print or type name)  
an absentee ballot for the election on June 18, 2021, states as follows:

1. I reside at \_\_\_\_\_ Quogue, NY 11959, and  
Street address  
I am a REGISTERED VOTER of the Village of Quogue, New York.

2. In good faith I am requesting an absentee ballot due to (check one reason):

- Absence from the County on date of the election
- Jail
- Illness or physical disability
- Duties relating to primary care of one or more individuals who are ill or physically disabled

3. I request a ballot be (check one):

- Delivered personally to me
- Delivered personally to \_\_\_\_\_ for further delivery to me  
(Print name)
- Mailed to me at the following address:

\_\_\_\_\_  
(Print or type)

## APPLICANT MUST SIGN BELOW

I certify that the information in this application is true and correct and I understand 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.

Date \_\_\_\_\_ Signature of Voter \_\_\_\_\_

If applicant is unable to sign application 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 assistance in making, my mark in lieu of my signature.

Date \_\_\_\_\_ Name of Voter \_\_\_\_\_ Mark \_\_\_\_\_

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

\_\_\_\_\_  
(Printed name of witness to mark)

\_\_\_\_\_  
(Signature of witness to mark)

\_\_\_\_\_  
(Address of witness to mark)