

ABSENTEE BALLOT APPLICATION
VILLAGE OF WILLIAMSVILLE, NEW YORK

- Due to Military Service (Sec. 15-120)
- Due to Duties, Occupation, Business, Studies or Vacation (Sec. 15-120)
- Due to Illness or Physical Disability (Sec. 15-122)
- Due to Permanent Illness or Permanent Disability (Sec. 15-122)

SEE REVERSE SIDE
FOR INSTRUCTIONS

To the Clerk of the Village of Williamsville: I _____, an applicant for an absentee ballot,
State as follows: I reside at _____, and I am a qualified voter of the Village of
Williamsville, _____ Election District, County of Erie.

I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE

MILITARY SERVICE, DUTIES, OCCUPATION, BUSINESS, STUDIES or VACATION

I expect in good faith to be absent from the County of Erie, State of New York, on the day of the next general or special village election to be held on **August 17, 2010** because my duties, occupation, business, studies, military service or vacation require me to be elsewhere, as follows:

1. Explain briefly your position and nature of duties, occupation, studies, military service or business requiring such absence. If absence is based on vacation, so state and give dates when you expect to begin and end your vacation.

2. Place or places where you expect to be on military service, business, studies or on vacation.

3. Name of Employer, if any. _____
(If self employed or unemployed, so state – If student, give name of school)
4. Address of employer _____
(If student, give address of school)
5. If this application is based by reason of accompanying your spouse, child or parent: would such spouse, child or parent, if a qualified voter, be entitled to apply for the right to vote by absentee ballot? _____
(Yes or No)
_____, _____
(Name of such spouse, child or parent) (Relationship to you)
6. If this application is based by reason of being or expecting to be an inmate of a veterans' hospital, give name and address of hospital.

7. If application is based on confinement pending trial in a criminal proceeding or for conviction of a crime or offense other than a felony, give particulars: _____

DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner or Christian Science practitioner: _____

(Name and address of medical practitioner or Christian Science practitioner)

that I will be unable to appear personally at the polling place of the election district in which I am a qualified voter on the day of the next general or special village election because of my Illness Physical Disability and will be confined at Home, in a Hospital. If hospital confinement is expected, state name and address of Hospital.

(Name of Hospital)

(Address of Hospital)

DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future elections without my making further application. (Medical Certificate on reverse side must be completed if such request is made.) The nature of my permanent illness or disability is _____

ALL APPLICANTS MUST FILL OUT FOLLOWING

If application is approved, I request ballot be delivered personally to me or a member of my family or 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 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 or physical disability, 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 illiteracy, illness or physical disability. I have made, or have received 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.

(Address of witness to mark)

(Signature of witness to mark)

This Medical Certificate must be filled out by a duly licensed physician ONLY if the applicant is PERMANENTLY ILL or PERMANENTLY DISABLED and filing under Sec. 5-122 and the Absentee Ballot will be mailed each year without making further application.

MEDICAL CERTIFICATE

I, _____

a medical practitioner duly licensed to practice in the State of _____,

Medical Superintendent or Administrative Head of Hospital or Institution,

Christian Science practitioner and maintaining an office at _____
(Street, number, name or post office and zip code)

do hereby certify that _____ residing at _____
(Name of Applicant) (Street, number, name of post office and zip code)

in the Village of Williamsville, State of New York, the applicant herein, is Permanently Ill or Permanently Disabled due to _____

and will be unable to appear personally at the polling place to vote at future elections.

NOTE: See applicant's corresponding statement, (on other side)

Check box if it is certified that the above named applicant is unable to sign his name to this application because of illness or physical disability.

I UNDERSTND THAT THIS CERTIFICATE 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 Medical Practitioner, Med. Supt. or Adm. Head
or Christian Science Practitioner)

INSTRUCTIONS TO ABSENTEE VOTERS

1. All qualified voters must fill out, in full, the Statement on the front of this form and personally sign it (unless physically unable to do so).
2. Applications must be received by the Village Clerk not earlier than 4 months and not later than the 7th day before the election (by August 10, 2010) for absentee ballot to be mailed.
3. Personal application for absentee ballot must be received by the Village Clerk not later than 1 day prior to election (by August 16, 2010) from applicant or his agent.
4. Unless you have applied for an absentee ballot as a permanently disabled person and furnished a medical certificate to prove permanent disability, this application is good only for the special or general village election to which it specifically pertains. You must, unless permanently disabled, renew your application for each special or general election if you are still eligible to vote via absentee ballot.