

ULSTER COUNTY ABSENTEE BALLOT APPLICATION

ALL INFORMATION REQUESTED *MUST* BE COMPLETED

MAIL TO: ULSTER CO. BOARD OF ELECTIONS
284 WALL STREET
KINGSTON, N.Y. 12401-3627

FOR OFFICE USE ONLY
Town/Dst _____
Reg# _____ Party _____

ADDRESS IN ULSTER COUNTY:

NAME _____
ADDRESS _____
TOWN _____

I am a registered voter in Ulster County and do now apply for an absentee ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

SEND BALLOT TO: _____
(OR GIVE TO) _____

Dates you intend to be out of the Ulster County: From _____ To _____
Please state where you will be on Election Day _____

I will be absent from Ulster County or unable to vote at my polling place on the day of election:

PLEASE CHECK ONE OF THE FOLLOWING REASONS:

- ___ 1. BUSINESS / VACATION
- ___ 2. EDUCATION
- ___ 3. TEMPORARY ILLNESS
- ___ 4. I AM PERMANENTLY CONFINED/DISABLED (STATE NATURE OF ILLNESS OR DISABILITY)

All APPLICANTS MUST FILL OUT ONE OF THE FOLLOWING

A. I certify that the information in 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 _____

B. If applicant is unable to sign the application because of illness or physical disability the following statement must be completes. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.

DATE _____ MARK OF VOTER _____

I 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 the application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a false statement, shall subject me to the same penalties as if I had been duly sworn.

DATE _____ SIGNATURE OF WITNESS _____

***THIS APPLICATION MUST BE POSTMARKED NO LATER THAN 7 DAYS BEFORE ELECTION
IN PERSON APPLICATION AND VOTING UP TO 5PM THE DAY BEFORE ELECTION***