EAST GREENBUSH COMMUNITY LIBRARY Absentee Ballot Application

Please print clearly. See detailed instructions below.

==You must be a resident of the town of East Greenbush and a registered voter to vote in the library election.== **This completed application must be personally delivered to the East Greenbush Community Library addressed to the Director no later than the 7th day before the election (September 7th by 5pm). The election will be held on Tuesday, September 14, 2021. The ballot itself must be postmarked by a governmental postal service no later than the day before the election (September 13th) and received at the library no later than the 7th day after the election (September 21st).**

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1. **I am requesting, in good faith, an absentee ballot due to (check one reason):** If you are requesting an Absentee Ballot due to COVID-19, please select 'Temporary Illness or physical disability' in Section 1 on the Absentee Ballot Application.

☐ Absence from county or New York on election day

☐ Temporary illness or physical disability

☐ Permanent illness or physical disability

☐ Duties related to primary care of one or more individuals who are ill or physically disabled

☐ Resident or patient of a Veterans Health Administration Hospital

☐ 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

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2. Absentee ballot requested for the **East Greenbush Community Library Election (ONLY)** being held on September 14, 2021

My absence begins _____/_____/_____ absence ends _____/_____/_____

3.

last name or surname	first name	middle initial	Suffix

4.

Date of birth	Country where you live	Phone number (optional)	Email (optional)
_____/_____/_____			

5.

Address where you live (residence) street	Apt	City	State **NY**	Zip code

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6. Delivery of **LIBRARY ELECTION** Ballot (check one):

☐ **You must show proof of residency and be a registered voter.** Deliver to me in person at the East Greenbush Community Library. I authorize (give name): _____ to pick up my ballot at the East Greenbush Community Library.

☐ Mail ballot to me at the following mailing address. **You must be a resident in the town of East Greenbush and a registered voter to receive a ballot.**

_____

Street No.   Street Name   Apt.   City   State   Zip Code

Applicant Must Sign Below

7. I certify that I am a qualified and a registered East Greenbush voter; and that the information in this application is true and correct and 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.

Sign Here: _____ **Date:** _____/_____/_____

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.

_____
_____
_____   _____
(address of witness to mark)   (signature of witness to mark)

For Internal Use:

Rec'd On:
___/___/__

Rec'd By:
_____

Ballot Sent:
___/___/___