

**VILLAGE OF SCARSDALE**  
**Village Clerk's Office**  
**1001 Post Road, Scarsdale, NY 10583**  
**(914) 722-1175**  
**2020 Village Election Absentee Ballot Application**

VILLAGE USE ONLY:

Election District:

This application must either be personally delivered to the Village Clerk's Office not later than the day before the election, whether in-person or by mail. Importantly, the ballot itself must either be personally delivered to the Village Clerk's Office, either in-person or by mail, no later than the close of polls on election day.

1. I am requesting, in good faith, an absentee ballot due to (check one reason):

<input type="checkbox"/> absence from county or New York City on election day	<input type="checkbox"/> patient or inmate in a Veterans' Administration Hospital
<input type="checkbox"/> temporary 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
<input type="checkbox"/> permanent illness or physical disability	
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	

\*Note: "Temporary illness" includes concern about contracting or spreading COVID-19

2. absentee ballot(s) requested for the following election(s) :

Village Election

3. last name or surname: \_\_\_\_\_ first name: \_\_\_\_\_ middle initial: \_\_\_\_\_ suffix: \_\_\_\_\_

4. date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ county where you live: \_\_\_\_\_ phone number (optional): \_\_\_\_\_ email (optional): \_\_\_\_\_

5. address where you live (residence) street: \_\_\_\_\_ apt: \_\_\_\_\_ city: \_\_\_\_\_ state: **NY** zip code: \_\_\_\_\_

6. Delivery of Village Election Ballot (check one)  Deliver to me in person at the Village Clerk's Office

I authorize (give name): \_\_\_\_\_ to pick up my ballot at the Village Clerk's Office

Mail ballot to me at: (mailing address)

\_\_\_\_\_ street no. \_\_\_\_\_ street name \_\_\_\_\_ apt. \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

**Applicant Must Sign Below**

7. I certify that I am a qualified and a registered (and for primary, enrolled) 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:   X   \_\_\_\_\_ 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. See detailed instructions.)

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)

## **Instructions:**

### **Who may apply for an absentee ballot?**

Each person must apply for themselves. It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

### **Information for military and overseas voters:**

If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special provisions if you apply using the Federal Postcard Application. For more information about military/overseas voting, contact the Village Clerk's Office or refer to the Military and Federal Voting sections at:

<http://www.elections.ny.gov/Voting.html>

### **Where and when to return your application:**

Applications must be delivered to the Village Clerk's Office no later than the day before the election. However, if you wish to mail your ballot upon receipt, your completed absentee ballot application must be received sufficiently ahead of the election date to enable you to receive and return your absentee ballot *prior to the close of polling* on election day. Please contact the Village Clerk's Office at 914.722.1175 with any timing questions or concerns.

### **Options available to you if you have an illness or disability:**

If you check the box indicating your illness or disability is permanent, once your application is approved you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

### **When your ballot will be sent:**

Your ballot will be sent immediately after your completed and signed application is received and processed by the Village Clerk's Office. If you prefer, you may designate someone to pick up your ballot for you by completing the required information in Section 6.

If you applied for an absentee ballot but have not received it by the time it is seven days ahead of the election date, contact the Village Clerk's Office at 914.722.1175.