

BOARD USE ONLY:

Town/City/Ward/Dist: _____

Registration No: _____

Party: _____

Enrollment: _____

New York State Special Ballot Application

Please print clearly.

1. For use at this year's Primary Election General Election Special Election (please check one)

2. last name or surname _____ first name _____ middle initial _____ suffix _____

3. date of birth _____ / _____ / _____ 4. county where you live _____

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

6a. I am a registered (and for primary, enrolled) voter in this county, and I am unable to vote in person at my designated polling place, for the following reason:

Election Law Section 11-300: It is against my religious scruples to vote at a polling place located in a premises used for religious purposes. (Ballot to be cast in person not earlier than one (1) week before the election and not later than the close of polls on election day.)

Deliver to me in person at the board of elections. (Delivery method available for all special ballot types.)

6b. I am a registered (and for primary, enrolled) voter in this county, and I am unable to vote in person at my designated polling place, for the following reason:

Election Law Section 11-302: My duties as a Board of Elections Employee, election inspector, poll clerk, election coordinator, or voting machine custodian/technician require me to be elsewhere. (Ballot to be cast and returned in person or by mail not later than close of polls on election day.)

Election Law Section 11-306: I do hereby swear or affirm that I am a victim of domestic violence, and further that I have left my residence because of such violence, and further that because of the threat of physical or emotional harm to myself or to family or household members, I wish to cast a special ballot. (Ballots returned in person must be received by close of polls on election day. Ballots returned by mail must be postmarked no later than day before the election.)

Deliver to me in person at the board of elections. (Delivery method available for all special ballot types.)

Please mail to me. (Please provide mailing address. Delivery by mail only applies to Special Ballots for Poll Workers and Victims of Domestic Violence.) _____

Street Address Apt. Number City State Zip Code

Applicant Must Sign Below

8. _____ Date ____/____/____
Signature or Mark of Voter

_____ Date ____/____/____
Signature of Witness to Mark

Address of Witness to Mark