

Dansville Public Library  
200 Main Street  
Dansville, NY 14437

**APPLICATION FOR ABSENTEE BALLOT**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
*(number and street) (town) (state) (zip)*

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

- absence from county 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
- patient or inmate in a Veteran's 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

Delivery of Election Ballot (check one)

- Deliver to me in person at the Dansville Public Library
- I authorize (give name) \_\_\_\_\_ to pick up my ballot at the Dansville Public Library
- Mail ballot to me at (mailing address) \_\_\_\_\_

I certify that I am a qualified voter of the Dansville Central School District, at least 18 years of age, a citizen of the United States, and have or will have resided in the Dansville Central School District for at least 30 days immediately preceding the date of the vote; 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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Voter)

-----  
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.

\_\_\_\_\_  
(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)

Please return to: Library Director, Dansville Public Library, 200 Main Street, Dansville, NY 14437.  
THIS APPLICATION MUST BE FILED WITH THE LIBRARY DIRECTOR AT LEAST SEVEN (7) DAYS BEFORE THE VOTE IF THE BALLOT IS TO BE MAILED TO THE VOTER, OR THE DAY BEFORE THE VOTE IF THE BALLOT IS TO BE PICKED UP IN PERSON AT THE DANSVILLE PUBLIC LIBRARY.