

TIME STAMP HERE

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

zip code

NY

6. 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.)

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 not earlier than two (2) weeks before the election and not later than the 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. (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.)

Applicant Must Sign Below

7.

Signature or Mark of Voter

Date ____/____/____

Signature of Witness to Mark

Date ____/____/____

Address of Witness to Mark