

ABSENTEE BALLOT APPLICATION
VILLAGE OF RED HOOK ELECTIONS: March 15, 2022

Mail To: Village of Red Hook, 7467 South Broadway, Red Hook, NY 12571

This application must be delivered to the Clerk of the Village of Red Hook on or before March 8, 2022 or postmarked by a governmental postal service not later than 7th day before election date.

The ballot itself must either be personally delivered to the Clerk of the Village of Red Hook no later than the close of polls on Election Day.

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

- 1. Absent from County on Election Day (statement box to be completed)
- 2. Temporary illness or physical disability
- 3. Permanent illness or physical disability
- 4. Duties related to primary care of one or more individuals who are ill or physically disabled
- 5. 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
- 6. Patient or inmate in a Veteran's Administration Hospital

Dates you intend to be out of Dutchess County: From _____ To _____ Please state where you will be on Election Day: _____.
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LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
Address: _____ COUNTY: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: ____/____/____

Absentee Ballot requested for the following election:

General Election

SEND BALLOT TO: _____ **ZIP CODE** _____
OR, I AUTHORIZE _____ **TO PICK UP MY BALLOT AT THE VILLAGE**
OF RED HOOK, 7467 SOUTH BROADWAY, RED HOOK, NY 12571.

I certify that I am qualified and a registered 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 the application because of illness or physical disability the following statement must be executed: By my mark, duly witnessed hereunder, I 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 assistance in making my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed).

DATE: ____/____/____/ NAME OF VOTER: _____ MARK OF VOTER: _____

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 the 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.

DATE: ____/____/____ SIGNATURE OF WITNESS TO MARK: _____

ADDRESS OF WITNESS TO MARK: _____