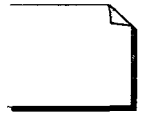


INSTRUCTIONS TO ABSENTEE VOTERS

1. ALL REGISTERED voters must fill out in full the statement on the front of this form and personally sign it (unless physically unable to do so).
2. Mail or deliver this application to the Board of Elections not later than seven (7) days before such election: provided, however, that such application by a qualified voter whose illness or physical disability shall commence on a day following the tenth day before such election may be received by the board of elections not later than the day preceding such election.
3. Any voter who may be unavoidably absent on the day of election may deliver application IN PERSON to the Board of Election not later than the day preceding such election. Sec. 8-400.2(c).
4. Unless you have applied for an absentee ballot as a permanently disabled person, this application is good ONLY for the primary, special or general election to which it specifically pertains. You must, unless permanently disabled, RENEW your application for each primary, special or general election if you are still eligible to vote absentee.

FOLD



Put Stamp Here

SARATOGA COUNTY BOARD OF ELECTIONS
50 WEST HIGH STREET
BALLSTON SPA NY 12020-1979

FOLD

SARATOGA COUNTY ABSENTEE BALLOT APPLICATION

MAIL TO: BOARD OF ELECTIONS
50 WEST HIGH ST.
BALLSTON SPA, NY 12020
HOME ADDRESS IN SARATOGA COUNTY

FOR OFFICE USE ONLY
TOWN/CITY _____
DISTRICT _____
REG. NO. _____
DATE _____
CODE _____
PARTY _____
Signature Checked by _____
2nd BALLOT SENT _____
VOTED IN OFFICE _____
BALLOT TAKEN _____

NAME _____
ADDRESS _____
CITY _____ ZIP _____
DATE OF BIRTH _____

I am a registered voter in Saratoga County and do now apply for an Absentee Ballot for all elections for which I am qualified. I know of no reason why I am no longer qualified to vote.

Delivery of **PRIMARY** election ballot (check one)

Deliver to me in person at Board of Elections.
 Deliver to _____ whom I hereby authorize to receive my ballot.
(NAME OF PERSON WHO IS PICKING UP BALLOT)
 MAIL ballot to me at _____
(ADDRESS)

Delivery of **GENERAL** election ballot (check one)

Deliver to me in person at Board of Elections.
 Deliver to _____ whom I hereby authorize to receive my ballot.
(NAME OF PERSON WHO IS PICKING UP BALLOT)
 MAIL ballot to me at _____
(ADDRESS)

I will be absent from Saratoga County on the day of election for one of the following reasons:

PLEASE CHECK COLUMN ON LEFT AND COMPLETE STATEMENT ON RIGHT

- 1. Business
- 2. Vacation
- 3. Education (School outside Saratoga County)
- 4. Temporary Illness (Home)
- 5. Temporary Illness (Hospital)
- 6. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action.

DATES you will be out of Saratoga County
From _____ To _____
Where will you be on Election Day

7. I am PERMANENTLY CONFINED (Statement below must be completed)

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT

(State nature of Illness or Disability) _____

I AM PERMANENTLY CONFINED AT _____

(NAME OF INSTITUTION OR RESIDENCE IF CONFINED AT HOME)

SPECIAL NOTICE: Power of Attorney or use of signature stamp is not acceptable. Signature must be a signature or voter's mark.

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

I certify that the information in 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 the application because of illness or physical disability the following statement must be completed. By my mark, duly witnessed hereunder, I state that I am unable to write because of my illness, physical disability or I cannot read. I have made or have received assistance in making my mark in lieu of my signature.

Date _____ MARK OF VOTER _____

I certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his 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 false statement, shall subject me to the same penalties as if I had been duly sworn.

Date _____ SIGNATURE OF WITNESS TO MARK _____

THIS APPLICATION MUST BE POSTMARKED NOT LATER THAN SEVEN (7) DAYS BEFORE THE ELECTION