

ABSENTEE BALLOT APPLICATION

Absentee Ballot Applications may be obtained by mail or in person from the Skaneateles Town Clerk's office, 24 Jordan Street, Skaneateles, NY 13152.

BY MAIL: To receive an absentee ballot by mail, the Absentee Ballot Application must be signed and mailed to the Skaneateles Town Clerk's Office, postmarked not later than December 5, 2023. Upon receipt, an absentee ballot and voting instructions will be mailed to the applicant.

IN PERSON: Absentee Ballot Applications may be obtained at the Skaneateles Town Clerk's Office until 4:00 p.m. on December 11, 2023. Upon submission, the applicant will receive an absentee ballot and voting instructions. *NOTE-this is the only absentee voting option available after 4:00 p.m. on December 5, 2023.*

Name: _____ Date of Birth: _____

Phone: _____ E-mail: _____

Onondaga County Address: _____

Mail Ballot to this Address:

Skaneateles Town Clerk
24 Jordan Street
Skaneateles, NY 13152

Absentee Ballots are requested for the following Elections: SPECIAL REFERENDUM TAX COLLECTOR

I AM REQUESTING AN ABSENTEE BALLOT DUE TO:

- | | |
|--|--|
| <input type="checkbox"/> Absent from County | <input type="checkbox"/> Temporary illness or Disability |
| <input type="checkbox"/> Primary Caregiver for ill or disabled person(s) | <input type="checkbox"/> Permanent illness or Disability |
| <input type="checkbox"/> Detention in jail awaiting action by grand jury or a Trial or confined in jail for an offense other than a felony | |

ALL APPLICANTS MUST SIGN BELOW (Signature by 'Power of Attorney' will not be accepted)

I certify that the information in this application is true and correct and understand 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 _____ **Date** _____

THIS SECTION TO BE COMPLETED ONLY BY PERSONS UNABLE TO SIGN (Signature by 'Power of Attorney' will not be accepted)

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 received assistance in making my mark in lieu of my signature.

Date _____ Mark of Applicant _____

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed their mark to said application and understand this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains any material false statement, shall subject me to the same penalties as if I had been duly sworn.

Signature of Witness _____ Address _____

TIME STAMP

Voted in office

Ballot taken

Staff initials

FOR OFFICE USE ONLY

Party _____

Registration # _____

Town/Dist _____