

CHAUTAUQUA COUNTY BOARD OF ELECTIONS  
3 NORTH ERIE STREET  
MAYVILLE, NEW YORK 14757  
716-753-4580 or 716-363-4580 or 716-661-7580  
ABSENTEE BALLOT APPLICATION (§8-400)

FOR OFFICE USE ONLY (Board of Elections completes this box)

Date: \_\_\_/\_\_\_/20\_\_\_  MAILED  DELIVERED AS INSTRUCTED BELOW  VOTED AT BOE  BOE Clerk Initials  
Reg.# \_\_\_\_\_ Party Affiliation \_\_\_\_\_ City/Town \_\_\_\_\_ Ward \_\_\_\_\_ Dist \_\_\_\_\_

ALL APPLICANTS MUST COMPLETE THE FOLLOWING: I AM A REGISTERED VOTER IN CHAUTAUQUA COUNTY AND I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE.

I AM REQUESTING AN ABSENTEE BALLOT FOR (Check one)

General Election **Only**  Primary Election **Only**  Both Primary & General  
 Village Election **Only**  Presidential Primary Election **Only**

\_\_\_\_\_  
Last First Initial

Date of Birth \_\_\_/\_\_\_/\_\_\_

Residence Address \_\_\_\_\_

City/Town \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_

Chautauqua County Phone # 716 \_\_\_\_\_ OTHER PH# \_\_\_\_\_

HAND DELIVER  or MAIL  BALLOT TO: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I qualify for voting by Absentee Ballot because I will be absent from Chautauqua County on the day of the Election for one of the following reasons.

(Check one)  1. Business, Vacation, Education

2. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action.

STATE THE DATES AND REASONS FOR SUCH ABSENCE: **Failure to give locations and dates will result in rejection of this application!!**

From \_\_\_/\_\_\_/20\_\_\_ Until \_\_\_/\_\_\_/20\_\_\_

Reason \_\_\_\_\_

Location \_\_\_\_\_

- OR -

3. I will be unable to vote in person due to

(Check one)  ILLNESS or  DISABILITY

THAT I WILL BE UNABLE TO APPEAR PERSONALLY AT THE POLLING PLACE OF THE DISTRICT IN WHICH I AM REGISTERED ON ELECTION DAY FOR THE FOLLOWING REASON

Nature of illness or disability \_\_\_\_\_

My condition is  Permanent or  Temporary **AND**

I will be confined  at home OR  in a hospital.

Give name & address of hospital or nursing home:  
\_\_\_\_\_

ALL APPLICANTS MUST SIGN BELOW:

"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."

\_\_\_\_\_  
(Signature of Applicant)

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

Applications submitted by mail must be postmarked no later than seven days before Election Day

**OR** hand delivered to the Chautauqua County Board of Elections

NOT LATER THAN 5:00PM the day BEFORE Election Day.

**THIS SECTION TO BE COMPLETED ONLY BY PERSONS WHO SIGN WITH AN "X"**

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

MARK \_\_\_\_\_ DATE: \_\_\_/\_\_\_/20\_\_\_

I, the undersigned, hereby 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 said application and understand that 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 of Witness)

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

\_\_\_/\_\_\_/20\_\_\_