

ONONDAGA COUNTY ABSENTEE BALLOT APPLICATION (8-400)

Onondaga County Board of Elections-1000 Erie Blvd West-Syracuse NY 13204- 315-435-8683 www.onvote.net

Applications must be **signed** and delivered to the Onondaga County Board of Elections not later than 5:00 pm the day before Election Day or postmarked not later than seven (7) days before the Election. Absentee Ballots must be postmarked by the day of the Election and received not later than seven (7) days after the Election to be valid. **This form can be emailed to absentee@ongov.net as well.**

Name: _____ Date of Birth: _____

Phone: _____ E-mail: _____

Residence Address: _____

Mail Ballot to this Address: (Ballots are mailed approximately 30 days before each Election)

I designate the following person to pick up my ballot: _____

Absentee Ballots are requested for the following Elections:

- General-** November 3, 2020

If requesting for more than one election please provide specific dates within this calendar year:

Any Election held between the following dates: _____ to _____

I AM REQUESTING AN ABSENTEE BALLOT DUE TO:

- | | |
|--|--|
| <input type="checkbox"/> Absent from county | <input type="checkbox"/> Temporary illness or disability
<i>(to be used for COVID-19 pandemic concerns)</i> |
| <input type="checkbox"/> Primary Caregiver for ill or disabled person(s) | <input type="checkbox"/> Permanent illness or disability
*A permanent absentee status qualifies you to automatically receive an absentee ballot for each election you qualify for without a new application |
| <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.)*

Only if form is emailed no signature is required but digital signatures are also 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 # _____

Ward/Town/Dist _____