



# VILLAGE OF GREAT NECK ABSENTEE BALLOT APPLICATION

Please print clearly. See detailed instructions.

If the applicant wishes to receive a ballot via mail, this application must be received by Village Hall, 767 Middle Neck Road, Great Neck, not later than the 7<sup>th</sup> day before Election Day. If the applicant wishes to receive a ballot in person or via an agent, this application must be received by Village Hall, 767 Middle Neck Road, Great Neck, not later than the day before Election Day. **The ballot itself must returned to the Village of Great Neck, Village Hall no later than the close of polls on Election Day.**

1. I am requesting, in good faith, an absentee ballot due to (check one reason):

- Absence from county on election day
- Temporary illness or physical disability
- Permanent illness or physical disability
- Duties related to primary care of one or more individuals who are ill or physically disabled
- Patient or inmate in a Veteran's Administration Hospital
- Detention in jail/prison, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony

2. Absentee Ballot requested for the following election:

Primary Election                       General Election                       Special Election

3. \_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial

\_\_\_\_\_  Date of Birth                       County where you live                       Phone Number (Optional)

\_\_\_\_\_ Address where you live

4. Delivery of Election Ballot:

- Deliver to me in person at the Village of Great Neck Village Hall, 767 Middle Neck Road, Great Neck, NY 11024
- I authorize (name) \_\_\_\_\_ to pick up ballot at Village Hall
- Mail ballot to me at: \_\_\_\_\_

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

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Voter: \_\_\_\_\_ Mark: \_\_\_\_\_

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 said application and understand that the 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.

\_\_\_\_\_  
\_\_\_\_\_  
Address of witness to mark

\_\_\_\_\_  
Signature of witness to mark