ABSENTEE BALLOT APPLICATION
VILLAGE OF SPRINGVILLE- ELECTION DAY MARCH 16, 2027

**********INSTRUCTIONS**********

1. **Complete name & residence address.**
2. **Check the appropriate box specifying the reason for this application.**
3. **Complete the appropriate section, as well as section (F)**
4. **Remember to sign the application, or if unable to sign, have your mark witnessed.**
5. **This application must be received by the Village of Springville, 5 W. Main St PO BOX 17, Springville, NY 14141 at least seven (7) days (March 9, 2027) prior to election in order for the absentee ballot to be mailed to a qualified voter, OR delivered to the Village of Springville not later than one (1) day (March 15, 2027) prior to election for absentee ballot to be hand delivered to qualified voter.**

_____, an applicant for a Village Absentee Ballot, states as
(Print or type name)

follows: I reside at _____, and am a REGISTERED
(Street, number, name of post office and zip code)

voter of the Village of Springville, County of Erie, and I know of no reason why I am no longer qualified to vote.

The Reason I am Requesting an Absentee Application

In good faith I expect to be absent on election day due to: *Check only ONE box:*

☐ **military service, duties, occupation, business, studies or vacation.....Complete Sections (A) and (F)**

☐ **being a patient or inmate in VA Hospital.....Complete Sections (B) and (F)**

☐ **jail or prison.....Complete Sections (C) and (F)**

☐ **illness or physical disability or hospital patient.....Complete Sections (D) and (F)**

☐ **accompanying a spouse, parent, or child.....Complete Sections (E) and (F)**

A) MILITARY SERVICE, DUTIES, OCCUPATION, BUSINESS, STUDIES or VACATION

☐ I expect to be absent from my county, State of New York, because my military service, duties, occupation, studies or vacation require me to be elsewhere as follows:

1. Briefly explain your position and nature of your duties, occupation, business, studies or vacation requiring such absence and give dates when you expect to begin and end your absence. _____

_____

2. Place or places where you expect to be on vacation. _____

_____

3. If business, name and address of employer. _____
(if self-employed or unemployed, so state – if student, give name of school) ☞Go to Section (F)

(B) PATIENT OR INMATE OF VA HOSPITAL

☐ I am a qualified voter registered as a patient or inmate of a Veteran's Administration Hospital, and on such Election Day, I expect in good faith to be in such hospital. ☞Go to Section (F)

(Continued on back)

(C) JAIL OR PRISON

☐ Absent because I expect to remain detained/confined in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony. ☞Go to Section (F)

(D) ILLNESS, PHYSICAL DISABILITY, OR HOSPITAL PATIENT

☐ Unable to go to my polling place because I am ill or physically disabled, and advised not to, by my medical practitioner or Christian Science Practitioner, or due to COVID 19 concerns: _____
I expect to be a patient in _____ Hospital, whose address is _____
(Give name)

☐ My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application. The nature of my permanent illness or disability is _____

☞Go to Section (F)

(E) ACCOMPANYING A SPOUSE, PARENT OR CHILD

☐ Absent from my county on such Election Day, because I will be accompanying my spouse, parent, child, who falls within one of the above categories.
Name and address of such relative: _____
(In the event that this application is not accompanied by the application of such spouse, parent, or child, you must complete the appropriate section above by setting forth the details as they relate to that person)

☞Go to Section (F)

(F) ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

Delivery of general election ballot (check one)

☐ Deliver to _____ whom I authorize to receive my ballot.
(Give name)

☐ Mail ballot to me at: _____
(Address)

APPLICANT MUST SIGN BELOW

I certify that the information in this application is true and correct and I 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.

Date _____ Signature of Voter _____

(If applicant is unable to sign application 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 had assistance in making, my mark in lieu of my signature.

Date _____ Name of Voter _____ Mark _____

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 his/her 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 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)

_____
(City, State, Zip)