

Putnam County Board of Elections
25 Old Route 6, Carmel NY 10512 (845) 808-1300

www.putnamboe.com

Early Mail Ballot Application

Please print clearly. See detailed instructions.

To receive an early mail ballot: **In-Person** - Application must be personally delivered to your county board of elections not later than the day before the election. **By Mail** - Application must be received by your county board of elections not later than the 10th day before the election.

The ballot itself must either be personally delivered to the board of elections in your county no later than the close of polls on election day, or postmarked by a governmental postal service not later than the day of the election and received no later than 7 days after the election.

BOARD USE ONLY:
Town/City/Ward/Dist: _____
Registration No: _____
Party: _____
<input type="checkbox"/> voted in office

1. early mail ballot(s) requested for the following election(s) :
 [redacted] General Election only [redacted] All elections this year

2. last name or surname: _____ first name: _____ middle initial: _____ suffix: _____

3. date of birth MM/DD/YYYY: ____/____/____ county where you live: _____ phone number (optional): _____ email (optional): _____

4. address where you are registered: _____ apt: _____ city: _____ state: **NY** zip code: _____

5. [redacted signature area]

6. Delivery of General (or Special) Election Ballot (check one) Deliver to me in person at the board of elections
 I authorize (give name): _____ to pick up my ballot at the board of elections.
 Mail ballot to me at: (mailing address)
 _____ street no. street name apt. city state zip code

Applicant Must Sign Below

7. I certify that I am a qualified and a registered (and for primary, enrolled) voter and that the information in 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 ____/____/____
MM/DD/YYYY

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 early mail ballot without assistance because I am unable to write by reason of 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. (No power of attorney or preprinted name stamps allowed. See detailed instructions.)

Date ____/____/____ Name of Voter: _____ Mark: _____
MM/DD/YYYY

I, the undersigned, hereby certify that the above named voter affixed their 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 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)

Instructions:

Who may apply for an early mail ballot?

Each person must apply for themselves. It is a felony to make a false statement in an application for an early mail ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:

If you are applying for an early mail ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special legal provisions if you apply using the Federal Postcard Application (FPCA). For more information about military/overseas voting, contact your local board of elections or refer to the Military and Federal Voting sections at: <http://www.elections.ny.gov/Voting.html>

Where and when to return your application:

Applications for an early mail ballot that will be delivered in-person at the county board of elections to the voter or an agent of the voter must be received not later than the day before the election. Applications for a ballot to be delivered by mail to the voter must be received at the county board of elections no later than 10 days before the election. If the address of your county board of elections is not provided on this form, contact information for your local election office can be found on the New York State Board of Elections' website, under "County Boards of Election" directory at: <http://www.elections.ny.gov/CountyBoards.html>

Options available to you if you have an illness or disability:

You may sign the early mail ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

When your ballot will be sent:

Your early mail ballot materials will be sent to you beginning 46 days before federal, state, county, city or town elections in which you are eligible to vote. If you applied after this date, your ballot will be sent immediately after your completed and signed application is received and processed by your local board of elections. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in section 6 and/or section 7, as appropriate. Contact your local county board of elections if you have not received your ballot.