BOARD OF ELECTIONS
COUNTY OF PUTNAM
25 Old Route 6, Carmel, New York 10512
(845) 808-1300 • Fax (845) 808-1920
https://boe.putnamcountyny.gov

Commissioners
CATHERINE P. CROFT
KELLY K. PRIMAVERA

REQUEST TO CANCEL MY ABSENTEE / EARLY MAIL BALLOT APPLICATION

PLEASE NOTE: by submitting this form, you are requesting the following:

- You no longer wish to receive an absentee/early mail ballot for the upcoming election and request that your absentee/early mail ballot application be canceled.
- If you are a Permanent Absentee Voter, you are also requesting that your Permanent status be canceled. This will cancel all automatic issuing of ballots for any upcoming election(s).
- If you would like to receive an absentee/early mail ballot in the future, you will need to reapply for one.

Please complete and return to the **Board of Elections, 25 Old Rt. 6, Carmel NY 10512**

LAST NAME   **FIRST NAME**

DATE OF BIRTH

PLEASE PROVIDE CONTACT INFORMATION IN CASE WE HAVE ANY QUESTIONS (optional, but helpful)

PHONE   **EMAIL**

SIGNATURE   **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 to cancel my absentee/early mail 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.)

VOTER NAME   DATE   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 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.

Witness   Witness
Signature   Address