

Instructions to complete Application for Absentee Ballot

Use a blue or black pen to complete this application.

**BEDFORD VILLAGE FIRE DISTRICT
APPLICATION FOR ABSENTEE BALLOT**

MAIL OR DELIVER TO: Angela Sour, Secretary
Bedford Village Fire District
34 Village Green
P.O. Box 230
Bedford, NY 10506

You will mail your absentee ballot to this address. Use your own envelope and be sure to include a stamp.

VOTER ADDRESS IN FIRE DISTRICT

Enter your address in the Bedford Fire District, NOT where you will be on election day.

NAME _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

TELEPHONE # _____

I AM A REGISTERED VOTER IN BEDFORD VILLAGE FIRE DISTRICT, COUNTY OF WESTCHESTER. I DO APPLY FOR AN ABSENTEE BALLOT FOR ALL ELECTIONS FOR WHICH I AM QUALIFIED. I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE.

Check to confirm

SEND BALLOT TO:

Enter the address where you would like your absentee ballot sent; be sure to include any apt. number, street number, and the correct zipcode.

_____ **ZIP** _____

I WILL BE ABSENT FROM THE BEDFORD VILLAGE FIRE DISTRICT, COUNTY OF WESTCHESTER ON THE DAY OF THE ELECTION (Tuesday, January 14th, 2020 6:00am-9:00pm) FOR ONE OF THE FOLLOWING REASONS.

Please check column on left

Place a ✓ to indicate the reason you are requesting an absentee ballot. Only choose one option from the list provided.

- _____ 1. BUSINESS
- _____ 2. VACATION
- _____ 3. EDUCATION (SCHOOL OUTSIDE WESTCHESTER COUNTY)
- _____ 4. TEMPORARY ILLNESS (HOME)
- _____ 5. TEMPORARY ILLNESS (HOSPITAL)
- _____ 6. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN A FELONY OR AWAITING TRIAL OR GRAND JURY ACTION. THE NAME OF THE INSTITUTION WHERE I AM CONFINED IS _____.
- _____ 7. I AM PERMANENTLY DISABLED OR CONFINED

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THE DATES I INTEND TO BE OUT OF THE COUNTY ARE FROM _____

TO _____

Fill in the dates in which you expect to be out of the County. If you will be away for an extended period, without a specific return date, please estimate.

PLEASE STATE WHERE YOU WILL BE ON ELECTION DAY: _____

Please indicate the city, state, Country where you will be on January 14, 2020.

Only complete this section below if you selected option 4, 5, 6, or 7 above. If you selected 1, 2, or 3 above, please leave this section blank.

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT (STATE NATURE OF ILLNESS)

I AM PERMANENTLY CONFINED AT _____

(NAME OF INSTITUTION OR RESIDENCE IF CONFINED AT HOME).

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor.

Date

Signature of Voter

Please review this statement and sign and date in the space provided attesting to the veracity of your application.

NOTE: Absentee ballots must be received by 5:00pm on Tuesday, January 14, 2020 in order to be counted.