

# Town of Manlius Absentee Ballot Application

**Please print clearly;** See detailed instructions. This is for the Special Election scheduled for September 23<sup>rd</sup>, 2023 in the Town of Manlius.

To receive an absentee ballot: **In-Person** - Application must be personally delivered to the Town Clerk's office not later than the day before the election. **By Mail** - Application must be received by the Town Clerk's Office by September 16<sup>th</sup>. The ballot itself must be delivered to the Town Clerk's no later than 5:00 pm on election day.

1. Are you a qualified elector(resident) in the Town of Manlius?  Yes  No  
If you answered no, do not submit this application.
2. Are you registered to vote with the Onondaga County Board of Elections?  Yes  No  
If you answered no to question 2, you must register with the Board of Registration prior to submitting this application. The Board of Registration will be meeting at Manlius Town Hall, 301 Brooklea Dr in Fayetteville, at the following dates and times:  
9/8/23 at 2pm to 6pm                      9/9/23 at 10am to 2pm                      9/11/23 at 10am to 2pm

1	<b>I am requesting, in good faith, an absentee ballot because (check one reason):</b>			
	<input type="checkbox"/> I am a patient in a hospital, or unable to appear personally at the polling place on election day because of illness or physical disability	<input type="checkbox"/> I will be on vacation outside of Onondaga County on Election Day		
	<input type="checkbox"/> My duties, occupation or business will require me to be outside of Onondaga county on such election day	<input type="checkbox"/> I will be absent from my voting residence because I am detained in jail awaiting action by a grand jury or awaiting trial or I am confined in prison after conviction for an offense other than a felony		
	<input type="checkbox"/> I will not be able to vote in person due to religious reasons			

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 live (residence) street	apt	city	state	zip code
				NY	

5	Delivery of Ballot (check one)	<input type="checkbox"/> Deliver to me in person at the Town Clerk's office			
	<input type="checkbox"/> I authorize (give name). _____ to pick up my ballot at the Town Clerk's office				
	<input type="checkbox"/> Mail ballot to me at. (mailing address)				
	street no/ street name	apt/	city	state	zip code

## Applicant Must Sign Below

6	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: <b>X</b>

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/ See detailed instructions/)

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 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 \_\_\_\_\_