

**VILLAGE OF POMONA  
APPLICATION FOR ABSENTEE BALLOT**

THIS APPLICATION MUST EITHER BE PERSONALLY DELIVERED TO THE VILLAGE CLERK NOT LATER THAN THE DAY BEFORE THE ELECTION, OR POSTMARKED NOT LATER THAN THE SEVENTH DAY BEFORE THE ELECTION DAY.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

**ABSENTEE BALLOT requested for the following election:**

*Village General Election, Tuesday, March 19, 2019*

**I am requesting, in good faith, an absentee ballot due to (check one reason):**

- Absence from Village on election day
- Temporary illness or physical disability
- Permanent illness or physical disability
- Duties related to primary care of one or more individuals who are ill or physically disabled
- Individuals who are ill or physically disabled
- Patient or inmate in Veteran's Administration Hospital
- Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which is not a felony.

**Delivery of General Village Election Ballot: (check one)**

- Deliver to me in person
- I authorize (give name) \_\_\_\_\_ to pick up my ballot at the Pomona Village Hall.
- Mail ballot to me at my mailing address: \_\_\_\_\_

**APPLICANT MUST SIGN BELOW**

I certify that I am a qualified and registered 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 I had been duly sworn.

**Sign Here: X** \_\_\_\_\_ **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 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 signature. (No Power of Attorney or preprinted name stamps allowed).

**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 or her to be the person who affixed his or her mark to said application and understand 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)

\_\_\_\_\_  
(Date)

**Please return to: Village of Pomona Clerk  
Pomona Village Hall  
100 Ladentown Road, Pomona, NY 10970**