

TIME STAMP HERE

BOARD USE ONLY:

Town/City/Ward/Dist: _____

Registration No: _____

Party: _____

Enrollment: _____

New York State Special Ballot Application for Emergency Responders

This form may be used by "emergency responders" who are persons called upon to provide emergency support, relief or other services, in the response to natural disasters, acts of terrorism or sabotage, fire, power failure, and such other circumstances which prompt the governor or a court of competent jurisdiction to declare such emergency. Such emergency responders include, but are not limited to, medical personnel, military personnel, utility company or similar contract employees, fire department personnel, police department personnel, local and state emergency management personnel, and other state and local government employees providing emergency response services.

Please print clearly.

1. For use at this year's Primary Election General Election Special Election (please check one)

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

3. date of birth _____ / _____ / _____ 4. county where you live _____

5. address where you live (residence) street _____ apt _____ city _____ state **NY** zip code _____

6. **Ballot Delivery** - You may receive your ballot in one of the transmission methods provided below. Please make select one option and provide the additional contact information requested.

Postal mail
Please provide the address where you would like your ballot to be sent. _____

Email
Please provide your email address _____

Fax
Please provide your fax number _____

Applicant Must Sign Below

7. By completing this application and signing below, I hereby certify that I am a registered (and for primary elections, enrolled) voter in this county, and I am unable to vote in person at my designated polling place on Election Day for the following reason:

Election Law Section 11-308: My duties and/or assignment as an emergency responder result in my being unable to vote in person at my assigned poll site on Election Day.

I understand that my voted ballot may be delivered to any board of elections by personal delivery or mail, or in person to any poll site, no later than the close of polls on election day.

Signature or Mark of Voter Date ____/____/____

Signature of Witness to Mark Date ____/____/____

Address of Witness to Mark