

**New York Village Absentee Ballot Application Return to:  
Village Clerk, 39 Main Street Suite 9, Saranac Lake, NY 12983**

This application must either be personally delivered to your village clerk's office not later than the day before the election if the absentee ballot is being picked up by you or your designee, or received by the village clerk's office not less than seven days prior to the date of the election if the ballot is to be mailed to you. The ballot itself must be received by the village clerk's office not later than the close of the polls on the date of the election.

PLEASE PRINT CLEARLY. COMPLETE ENTIRE FORM.

I am requesting an absentee ballot for the Village Election on March 18, 2026 \_\_\_\_yes \_\_\_\_no  
If no, please do not return this form

Last name or surname \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ county where you live \_\_\_\_\_ phone number (optional) \_\_\_\_\_

Address where you live (residence):

Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Delivery of Ballot (check one)

- Deliver to me at the Village Office \_\_\_\_\_
- Mail Ballot to me at (mailing address):  
Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Or I authorize (give name) \_\_\_\_\_ to pick up my ballot at the village office.

APPLICANT MUST SIGN BELOW

I certify that I am a qualified and a 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 if 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 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.

Print Name of Witness \_\_\_\_\_ Signature of Witness to Mark \_\_\_\_\_  
Address if Witness to Mark \_\_\_\_\_