

**SEYMOUR PUBLIC LIBRARY DISTRICT  
Absentee Ballot Application**

A completed application must be received by the Seymour Public Library (the "Library") at least seven days before the vote (Wednesday, October 16 by 5 p.m.) if the ballot is to be mailed to the voter, or by the day before the vote (Tuesday, October 22 by 5 p.m.) if the ballot is to be personally picked up at the Library. The completed ballot must be returned to the Library no later than 5 p.m. on the day of the vote (Wednesday, October 23, 2024).

I. Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_

(State) (Zip Code)

Mailing Address  
(if different from residence): \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_

(State) (Zip Code)

Date of Birth: \_\_\_\_\_

II. I am a qualified and registered voter able to cast my ballot in the Library vote.

III. I am unable to appear in person at the polling place on October 23, 2024, for the following reason. (Mark an X for the reason which is applicable to your situation. Mark only one box.)

A.  I will be absent from my residence in Cayuga County, **OR**

B.  I will be unable to appear at the polling place because of illness or physical disability or duties related to the primary care of one or more individuals who are ill or physically disabled. For the purpose of this category, "illness" shall include the potential for contraction of the COVID-19 virus, **OR**

C.  I will be an inmate or patient of a veteran's administration hospital, **OR**

D.  I will be detained in jail awaiting action by a grand jury or awaiting trial or confined in jail or prison after a conviction for an offense other than a felony. Please state the place where you will be so detained or confined:

\_\_\_\_\_.

IV. I hereby request to receive the military ballot at the following address:

\_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

V. **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 materially false statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor.**

Date: \_\_\_\_\_

Signature of Voter \_\_\_\_\_

RETURN THIS APPLICATION TO:

ELECTION CHAIRPERSON  
Seymour Public Library District  
176-178 Genesee Street  
Auburn, New York 13021