

Town of Ulysses Absentee Ballot Application

For the Special Election on December 6, 2023

DEADLINES:

- **In-Person** –This application must be personally delivered to the Town Clerk's office not later than 5pm on Dec. 5, 2023.
- By Mail This application must be received by the Town Clerk's Office by Nov. 29, 2023.
- Once you receive the absentee ballot itself, it must be returned to the Town Clerk's Office by 5pm on Dec. 6, 2023 to be counted.

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1.	Are you, or will you be on December 6, 2 Yes No- DO NOT SUBMI	, ,	he Town of Ulysses?
2.	Are you registered to vote with the Tomp		ne Town of Ulysses Board of
	If you answered No, you must register wi application. The Board of Registration w at the following dates and times: • 11/18/23 from 12 noon to 4pm • 11/21/23 from 3-7pm	, ,	•
3.	Last name:	First name:	MI:
4.	Street # & name:		
5.	City, state, & zip code:	Phone	#:
6.	Mailing address (if different):		
7.	Email address:		
8.	 I am requesting, in good faith, an absented I am a patient in a hospital, or unabsility Image: My duties and the second of the sec	le to appear personally at the polling	g place on election day because of okins County on such election day
	Why your absence is required:		<u>-</u>
	Name and address of employer:		

☐ I will be absent from my voting residence because (check one below):
I am detained and awaiting action of the grand jury or awaiting trial
I am confined after conviction for an offense other than a felony
☐ I will be on vacation outside of Tompkins County on Election Day. Please complete the following (per Town
Law §84-a):
Beginning/ending dates:
Location:
9. DELIVERY OF BALLOT : (check one):
☐ I authorize (name) to pick up my ballot for me.
☐ I will pick up at Ulysses Town Clerk's Office (10 Elm St., Trumansburg) by 5pm on Dec. 5, 2023.
☐ Mail to me at:
AFFIDAVIT:
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.
Signature of Voter:Date/
Signature of Voter:Date/
Signature of Voter:Date/
IF APPLICANT IS UNABLE TO SIGN BECAUSE OF ILLNESS, PHYSICAL DISABILITY OR INABILITY TO READ, THE
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.
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