

BOARD USE ONLY:

Town/City/Ward/Dist: _____

Registration No: _____

Party: _____

Enrollment: _____

New York State Special Ballot Application for Poll Workers

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 zip code
NY

6. I am a registered (and for primary, enrolled) voter in this county, and I am unable to vote in person at my designated polling place, for the following reason:

Election Law Section 11-302: My duties as a Board of Elections Employee, election inspector, poll clerk, election coordinator, or voting machine custodian/technician require me to be elsewhere. (Ballot to be cast and returned in person or by mail not later than close of polls on election day.)

Deliver to me in person at the board of elections. (Delivery method available for all special ballot types.)

Please mail to me. (Please provide mailing address. Delivery by mail only applies to Special Ballots for Poll Workers.)

_____ Street Address Apt. Number City State Zip Code

Applicant Must Sign Below

7. _____ Date ____/____/____
Signature or Mark of Voter

_____ Date ____/____/____
Signature of Witness to Mark

Address of Witness to Mark