

# New York State Special Ballot Application for Emergency Responders in Times of Emergency

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 (please check one) : <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Special Election
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2	last name or surname	first name	middle initial	suffix
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3	date of birth ____/____/____	county where you live	phone number (optional)
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4	address where you live (residence) street	apt	city	state	zip code
NY					

5	<b>Ballot Delivery</b> - You may receive your ballot in one of the transmission methods provided below. Please select one option and provide the additional contact information requested.
<input type="checkbox"/> Deliver to me in person at the board of elections	
<input type="checkbox"/> I authorize (give name): _____ to pick up my ballot at the board of elections.	
<input type="checkbox"/> <b>Postal mail</b> Please provide the address where you would like your ballot to be sent. _____ _____ _____	
<input type="checkbox"/> <b>Online/Email</b> Please provide your email address _____	
<input type="checkbox"/> <b>Fax</b> Please provide your fax number _____	

## Applicant Must Sign Below

6	<p>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:</p> <p style="text-align: center;"><b>Election Law Section 11-308:</b> 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.</p> <p>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.</p> <p>_____ Signature or Mark of Voter</p> <p style="text-align: right;">Date ____ / ____ / ____</p> <p>_____ Signature of Witness to Mark</p> <p style="text-align: right;">Date ____ / ____ / ____</p> <p>_____ Address of Witness to Mark</p>
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**TIMESTAMP HERE:**

**BOARD USE ONLY:**

Town/City/Ward/Dist: \_\_\_\_\_

Registration No: \_\_\_\_\_

Party: \_\_\_\_\_

Enrollment: \_\_\_\_\_