

ABSENTEE BALLOT APPLICATION
SPECIAL ELECTION - AUGUST 31, 2009
Bond resolution concerning the construction of "The Community Center Project"

*****INSTRUCTIONS*****

1. Complete name, residence address including town or city and county.
2. Check the appropriate box specifying the reason for this application.
3. Complete the appropriate section, as well as section E.
4. Remember to sign the application, or if unable to sign, have your mark witnessed.
5. This application must be mailed to **Debra J. Denz, Town Clerk** no later than 4:30 p.m. 8/25/09, or delivered to the Town Clerk no later than 4:30 p.m. Friday, 8/28/09. The ballot itself must be delivered to the Town Clerk no later than 5:00 p.m. on 8/31/09.

_____, an applicant for a Special Election Absentee Ballot, states as
 (Print or type name)
 follows: I reside at _____, and am a
 (Street, number, name of post office and zip code)
 REGISTERED voter of the Town of **VICTOR**, County of **ONTARIO**, and I know of no reason why I
 am no longer qualified to vote.

The Reason I am Requesting an Absentee Ballot Application

In good faith I expect to be absent on **August 31, 2009** due to:

- duties, occupation, business, studies or vacationComplete Sections A and E**
- being a patient or inmate in VA HospitalComplete Sections B and E**
- jail or prisonComplete Sections C and E**
- illness or physical disability or hospital patient.....Complete Sections D and E**

A. DUTIES, OCCUPATION, BUSINESS, STUDIES or VACATION

- I expect to be absent from the Town of Victor on August 31, 2009 due to:
- duties, occupation, business, or studies.
 - I will be on vacation.

1. Please state where you will be _____
2. Name of employer or school _____
3. Dates you intend to be out of town: From _____ To _____

Go to Section E

B. PATIENT OR INMATE OF VA HOSPITAL

- I am a qualified voter registered as a patient or inmate of a Veterans' Administration Hospital, and on such Special Election Day, I expect in good faith to be in such hospital.

Go to Section E

C. JAIL OR PRISON

- Absent because I expect to remain detained/confined in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony.

Go to Section E

D. ILLNESS, PHYSICAL DISABILITY, OR HOSPITAL PATIENT

- Unable to go to my polling place because I am ill or physically disabled, and advised not to by my medical practitioner or Christian Science Practitioner. _____

(Name and address of medical practitioner or Christian Science Practitioner)

- I expect to be a patient in _____ Hospital, whose address is _____
 (Give name)

Go to Section E

E. ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

Delivery of special election ballot (check one)

Deliver to me in person at the Victor Town Hall.

Deliver to _____ whom I authorize to receive my ballot.
(Give name)

Mail ballot to me at

(Address)

APPLICANT MUST SIGN BELOW

I certify that the information in this application is true and correct and I understand 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.

Date _____ Signature of Voter _____

(If applicant is unable to sign application 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 had assistance in making, my mark in lieu of my signature.

Date _____ Name of Voter _____ Mark _____

I, the undersigned, hereby certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his 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.

(Address of witness to mark)

(Signature of witness to mark)

(City, State, Zip)

(Print Name of witness to mark)