

**ROSENDALE LIBRARY DISTRICT  
Absentee Ballot Application**

A completed application must be received by the Rosendale Library (the "Library") at least seven days before the vote (Thursday, August 31, 2023, by 5 p.m.) if the ballot is to be mailed to the voter, or by the day before the vote (Wednesday, September 6, 2023, 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 7 p.m. on the day of the vote (Thursday, September 7, 2023).

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

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

\_\_\_\_\_  
(City) (State)(Zip Code)

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

\_\_\_\_\_  
(City) (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 September 7, 2023, 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 Ulster 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. **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:

Library Director  
Rosendale Library  
264 Main Street (PO Box 482)  
Rosendale, New York 12472