Application for Special Presidential Ballot

VOTING BY SPECIAL PRESIDENTIAL BALLOT

You can use this form to request a Special Presidential Ballot, which will entitle you to vote for the electors for President and Vice President in the upcoming Presidential Election:

If you moved from New York State
to another state after the 30th day
preceding the Presidential Election
_OR→

If you moved within New York State, from one county to another county after the 30th day preceding the Presidential Election, -AND→

BOARD USE ONLY:
Town/City/Ward/Dist:
Registration No:
Party:
□ voted in office

You do not meet the qualifications to register and vote for President and Vice President from your new address, but were registered to vote in New York State at the time of your move.

Your C	e complete this application County Board mailing add	ress can be found at the	New fork State Board of	Elections website:	<u>www.elections.</u>	ny.gov
1.	date of birth		first name nce in New York State phone number		middle initial	suffix
date of					er (optional)	
	THE	NEW YORK STATE RESIDENCE	ADRESS AT WHICH I WAS LAST	REGISTERED TO VOTE WA	AS:	
3.					NY	
street r	no. street name		apt. city		zip cod	e
J		MY PRI	ESENT RESIDENCE ADDRESS IS:			
street r	no. street name		apt. city			
state	country		zip code or postal code			
5.		DELIVERY OF SPECIAL	PRESIDENTIAL BALLOT (check/	complete one)		
□ D:	reliver to me in person at the authorize (give name):			to pick up my b	allot at the board	of elections
or to new	solemnly swear or affirm of another state, after the state, after the stadderss. I am applying fo	that I was duly registere 80th day preceding the p r a special presidential b	presidential election, and pallot, so that I may vote	ate, but moved to ar I do not qualify to re for PRESIDENTIAL AI	egister and vote ND VICE PRESID	from my
Sig	gn Here: X			Date _	/	/
e executed: I	unable to sign because of illr By my mark, duly witnessed h lential Ballot without assistan	nereunder, I hereby state th	nat I am unable to sign my ar	plication for a		
sability or be	ecause I am unable to read. I o power of attorney or prepri	have made, or have the as	sistance in making, my mark	in lieu of my		
sability or be gnature. (No	ecause I am unable to read. I o power of attorney or prepri	have made, or have the as nted name stamps allowed	sistance in making, my mark	in lieu of my		
sability or begnature. (No ate/_ the undersignessence and at this state	o power of attorney or prepri	have made, or have the as nted name stamps allowed: above named voter affixed person who affixed his or he purposes as the equivalent	sistance in making, my mark .) Mark: his or her mark to this applicer mark to said application arong a fit control of an affidavit and if it control.	cation in my		
sability or begnature. (No ate/_ the undersign esence and at this state	o power of attorney or prepri Name of Voter gned, hereby certify that the services that the services is a service to be the period of the services and the services is a service to be the period for all services and the services is a service to be the services and the services is a service to be services as a service to the services are services as a services and the services are services as a service are services are services as a service are services as a se	have made, or have the as nted name stamps allowed: above named voter affixed person who affixed his or he purposes as the equivalent	sistance in making, my mark .) Mark: his or her mark to this applicer mark to said application at of an affidavit and if it contain duly sworn.	cation in my		