

**Form 3-7: Application for Absentee Ballot**

**TOWN OF LYME**

**ABSENTEE BALLOT APPLICATION**

MAIL OR DELIVER TO:

TOWN OF LYME  
PO BOX 66  
CHAUMONT, NEW YORK 13622

TELEPHONE #: (315) 649-2788

VOTER ADDRESS IN TOWN OF LYME

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I AM A REGISTERED VOTER IN TOWN OF LYME, COUNTY OF JEFFERSON. I DO APPLY FOR AN ABSENTEE BALLOT FOR ALL ELECTIONS FOR WHICH I AM QUALIFIED.

I KNOW OF NO REASON WHY I AM NO LONGER QUALIFIED TO VOTE.

SEND BALLOT TO: TOWN OF LYME, C/O TOWN CLERK, PO BOX 66, CHAUMONT, NEW YORK 13622

I WILL BE ABSENT FROM THE TOWN OF LYME, COUNTY OF JEFFERSON, ON THE DAY OF THE ELECTION FOR ONE OF THE FOLLOWING REASONS.

Please check column on left:

\_\_\_\_\_ 1. BUSINESS

\_\_\_\_\_ 2. VACATION

\_\_\_\_\_ 3. EDUCATION (SCHOOL OUTSIDE \_\_\_\_\_ COUNTY)

\_\_\_\_\_ 4. TEMPORARY ILLNESS (HOME)

\_\_\_\_\_ 5. TEMPORARY ILLNESS (HOSPITAL)

\_\_\_\_\_ 6. I WILL BE DETAINED IN JAIL FOR AN OFFENSE OTHER THAN A FELONY OR AWAITING TRIAL OR GRAND JURY ACTION. THE NAME OF THE INSTITUTION WHERE I AM CONFINED IS \_\_\_\_\_.

\_\_\_\_\_ 7. I AM PERMANENTLY DISABLED OR CONFINED.

THE DATES I INTEND TO BE OUT OF JEFFERSON COUNTY ARE FROM _____ TO _____.
PLEASE STATE WHERE YOU WILL BE ON ELECTION DAY: _____

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT

(STATE NATURE OF ILLNESS)

I AM PERMANENTLY CONFINED AT

(NAME OF INSTITUTION OR RESIDENCE IF CONFINED AT HOME)

ALL APPLICANTS MUST FILL OUT THE FOLLOWING:

I hereby declare that the foregoing application for an absentee ballot contains true statements to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballots it may subject me to the same penalties as if I had been duly sworn.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Voter