



# TRUSTEE ELECTION - 2024

## Application for Absentee Ballot

**ELECTION DATE AND TIME:**  
December 11 (9 a.m.-9 p.m.)

**TERM OF SERVICE:**  
01/2025-12/2027

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*"Any Resident of the Service Area who is a duly registered voter as determined by the Board of Elections of Rockland County is eligible to vote in elections for trustees and for the proposed Budget."*

NEW CITY LIBRARY BYLAWS  
Article III

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To request an *Absentee Ballot*, submit this completed form to the *Administration Office* by mail, email, or in-person by 4:45 p.m. the day before (December 10) the *Trustee Election* if the *Absentee Ballot* is to be delivered **personally** to the voter or to the voter's authorized representative. If the *Absentee Ballot* is to be **mailed** to the voter, this completed form must be received by the *Administration Office* at least seven days (December 4) before the *Trustee Election*.

**Instructions: Please fill in ALL fields; otherwise, the Application is INVALID.**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**I am unable to vote in-person due to the following reason(s):**

- Absence from the county on day of the *Trustee Election*.
- Temporary illness or physical disability.
- Permanent illness or physical disability.
- Duties related to primary care of one or more individuals who are ill or physically disabled.
- Patient or resident of the *Veterans Administration Hospital*.
- Detention 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.

**Delivery method of the Absentee Ballot (choose one):**

- I will personally pick up the *Absentee Ballot* at the *New City Library Administration Office*.
- I **authorize** (give name of person) \_\_\_\_\_  
(*photo identification required*) to pick up my *Absentee Ballot* (the person picking up the voter's *Absentee Ballot* can pick up their own *Absentee Ballot* and one *Absentee Ballot* for the voter signing this form).
- Mail to me at the **above** address (**or to the address noted below if different from the above address**):

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**(PLEASE TURN PAGE OVER TO COMPLETE THE APPLICATION)**

**APPLICANT MUST SIGN BELOW**

I certify that I am qualified and a registered voter; and that the information in this *Application* is true and correct and 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(please sign name)

If applicant is unable to sign 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 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 assistance in making, my mark in lieu of my signature. No Power of Attorney or preprinted name stamps allowed.*

**Date:** \_\_\_\_\_ **Name of Voter:** \_\_\_\_\_ **Mark:** \_\_\_\_\_  
(please print name)

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

\_\_\_\_\_  
**Signature of the Witness to the Mark**

\_\_\_\_\_  
**Print Name of the Witness to the Mark**

\_\_\_\_\_  
**Address of the Witness to the Mark**

**For questions about completing this form,  
contact the Administration Office by telephone at (845) 634-4997 Ext. 112  
or by email at [kcorrado@newcitylibrary.org](mailto:kcorrado@newcitylibrary.org).**

New City Library • 220 North Main Street • New City, New York 10956  
Telephone: (845) 634-4997 • Board Email: [nclboard@newcitylibrary.org](mailto:nclboard@newcitylibrary.org)  
[www.newcitylibrary.org](http://www.newcitylibrary.org)

**THIS BOX IS FOR LIBRARY USE ONLY:**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Service Area: \_\_\_\_\_ Received Photo ID of Authorized Person: \_\_\_\_\_