

VILLAGE OF GREAT NECK PLAZA

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GREAT NECK PLAZA, 11021

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www.greatneckplaza.net



VILLAGE OF GREAT NECK PLAZA ABSENTEE BALLOT APPLICATION

This application must either be personally delivered to the Village Clerk no later than the day before the election or postmarked by a governmental postal service no later than the 7th day before election day.

Please print clearly.

1. I am requesting, in good faith, an absentee ballot due to (check one):

<input type="checkbox"/> absence from Nassau County	<input type="checkbox"/> patient or inmate in a Veteran's Administration Hospital
<input type="checkbox"/> temporary illness or physical disability*	<input type="checkbox"/> 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
<input type="checkbox"/> permanent illness or physical disability	
<input type="checkbox"/> duties related to primary care of one or more individuals who are ill/physically disabled	

*illness includes the fear of contracting or spreading a disease (including COVID-19)

2. Last name/surname First name M.I. Suffix

3. Date of birth

4. Address where you live (residence)

5. Delivery of Election Ballot (check one)

deliver to me in person at the village hall

I authorize: _____ to pick up my ballot at the village hall

mail ballot to me at: _____

Applicant MUST Sign Below

6. I certify that I am a qualified and 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.

SIGN HERE: _____ Date: ___/___/_____

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 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 the assistance in making, the mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date: ___/___/_____ Name of voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed their mark to this application in my presence and I know them to be the person who affixed the 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 _____

Signature of witness _____