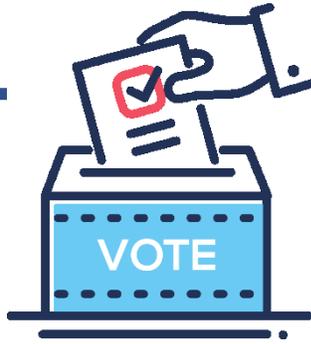


# 3 Ways to Vote

in the

# 2020 General Election

## Vote in person on November 3<sup>rd</sup>



Check your registration status and find your polling place at:



or [www.voterlookup.elections.ny.gov](http://www.voterlookup.elections.ny.gov)  
or [www.lwvoneonta.org](http://www.lwvoneonta.org)

## Vote early Oct. 24<sup>th</sup>-Nov. 1<sup>st</sup>

at the Otsego County Board of Elections  
140 County Hwy 33W, Cooperstown

Early voting hours posted at  
[www.otsegocounty.com/departments/board\\_of\\_elections](http://www.otsegocounty.com/departments/board_of_elections)  
or [www.lwvoneonta.org](http://www.lwvoneonta.org)



## Vote by absentee ballot

### Step 1: Apply for an absentee ballot

- Fill out paper application on the back of this flyer and mail to

Otsego County Board of Elections  
140 County Hwy33W, Suite 2  
Cooperstown, NY 13326

*Check "Temporary illness or physical disability" as reason for ballot request, per Gov. Cuomo's emergency order*

*Applications can also be requested online at*

[absenteeballot.elections.ny.gov](http://absenteeballot.elections.ny.gov)

*If you request an application online, you will be sent an application and a ballot at the same time.*

### Step 2: Fill out ballot, then sign and seal envelope provided.

*Be sure to **sign** the envelope, or your ballot will not be counted.*

### Step 3: Submit completed, signed and sealed envelope

- Affix postage (one stamp if you're just returning a ballot; two stamps if you requested an application and received a ballot and application at the same time). Put pre-addressed envelope in the mail. **Must be postmarked by Nov. 3.**
- Or, bring (or have someone else bring) signed and sealed envelope to Board of Elections office in Cooperstown during open office hours.
- Or, drop off (or have someone else drop off) signed and sealed envelope at any polling place on Nov. 3.



# Otsego County Absentee Ballot Application

Please print clearly and mail to:

Otsego County Board of Elections  
140 Co Hwy 33W, Suite 2  
Cooperstown, NY 13326

For Board Use ONLY

ED: \_\_\_\_\_

ID#: \_\_\_\_\_

PARTY: \_\_\_\_\_

ABS TYPE: \_\_\_\_\_

Election(s): \_\_\_\_\_

INIT: \_\_\_ \_\_\_/\_\_\_/\_\_\_

**1** Name: \_\_\_\_\_

Otsego County (No PO Boxes)  
Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY, Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Phone/Email (optional): \_\_\_\_\_

**2** I am requesting, in good faith, an absentee ballot due to: *check ONLY ONE*

<input type="checkbox"/> Absence from Otsego County on election day	<input type="checkbox"/> Primary caregiver for ill or disabled person(s)
<input type="checkbox"/> Temporary illness or physical disability	<input type="checkbox"/> Patient in a Veterans' Administration Hospital
<input type="checkbox"/> Permanent illness or disability ( <b>Skip Section 3</b> )*	<input type="checkbox"/> Detention in jail or prison, awaiting action by a grand jury or trial, or confined in jail for an offense which was not a felony

\* A Permanent absentee status qualifies you to automatically receive an absentee ballot for each election you qualify for without a new application

**3** Absentee ballot requested for the following election(s): *Note: Application only valid thru 12/31 of the calendar year*

Any election(s) held between these dates: absence begins: \_\_\_/\_\_\_/\_\_\_ absence ends: \_\_\_/\_\_\_/\_\_\_

-OR-

Primary Election                       General Election                       Special Election

**4** Delivery of ballot(s): *check ONLY ONE*                       Deliver to me in person at the board of elections

Mail ballot(s) to:

\_\_\_\_\_

street # and name (or PO Box)                      apt.                      city                      state                      zip

I authorize: \_\_\_\_\_ to pick up my ballot(s) at the board of elections.

↑print name of designee↑

**5** Applicant must sign or mark below:

I certify that I am a qualified and a registered (and for a primary, enrolled) 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:

Today's Date: \_\_\_/\_\_\_/\_\_\_ Sign Here: \_\_\_\_\_

**Only Complete** – 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 had made, or have the assistance in making, my mark in lieu of my signature. (NO power of attorney or preprinted name stamps allowed.)

Today's Date: \_\_\_/\_\_\_/\_\_\_ Name of Voter: \_\_\_\_\_ Mark: \_\_\_\_\_

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.

\_\_\_\_\_ (address of witness to mark)

\_\_\_\_\_ (signature of witness to mark)