## **New York Accessible Electronic Ballot Application**

## **Voter Registration Information**

Last Name:	First Name:		Middle Initial
Street Address:			
City:	State: <b>NY</b>	Zip Code:	County:
Date of Birth:	_ Phone Number (0	Optional):	
Email Address:			
material, and that such disability prev Elections and using a ballot marking d States citizen and that I have a disabilindependently. I further certify that I a	ents me from being able evice. By submitting this ty and require use of an am a qualified and a reg I that this application w	e to independently s document, I cert n accessible electro istered (and for po ill be accepted for	with the effective reading, writing, or use of printed y cast a paper ballot, without traveling to a Board of ify, under penalty of perjury, that I am a United onic ballot in order to vote privately and rimary, enrolled) voter - and that the information in all purposes as the equivalent of an affidavit and, if it I had been duly sworn.
Sign Here: X		Date:	
<b>WARNING:</b> You must be a <b>United State</b> ballot. A person making a false statem			States citizen, you will not be issued an accessible guilty of a misdemeanor.
my mark, duly witnessed hereunder, I assistance because I am unable to wri	hereby state that I am ute by reason of my illnes	unable to sign my ss or physical disa	read, the following statement must be executed. by application for an accessible ballot without bility or because I am unable to read/I have made, or ttorney or preprinted name stamps allowed/ See
Date:/ Na	ime of Voter:		Mark:
him or her to be the person who affixed	ed his or her mark to sai	d application and	mark to this application in my presence and I know understand that this statement will be accepted for tatement, shall subject me to the same penalties as if
(Address of Witness to Mark)		(Signatu	re of Witness to Mark)

## **Instructions for Submitting this Form**

In order for this application to be fillable using screen reading software, you must download it and use software such as Adobe Reader. You can download Adobe Reader at <a href="https://get.adobe.com/reader">https://get.adobe.com/reader</a>.

When signing this form, your board of elections will accept standard text input as a voter's signature. After completing this form, save it and email, mail or hand-deliver it to your local board of elections. You can find contact information for your local board of elections online at <a href="https://publicreporting.elections.ny.gov/CountyBoardRoster/CountyBoardRoster">https://publicreporting.elections.ny.gov/CountyBoardRoster</a> or by visiting <a href="https://elections.ny.gov">https://elections.ny.gov</a>.

The deadline for submitting this form is 10 days before the election, but you should return it as early as possible.

After you submit the application, an accessible electronic ballot will be emailed to you. A set of pre-addressed and pre-paid return envelopes will be mailed to you for use in returning your ballot to the board of elections, or you can create a return envelope by printing the envelope templates emailed to you with your ballot.

Complete the ballot, print it, place it in the envelope, and sign the back of the envelope. A signature anywhere on the back of the envelope is acceptable.

To return the ballot, it must be hand-delivered to your local board of elections by 9 PM on elections day or mailed so that it is postmarked no later election day and received by the board of elections no later than 7 days after the election.