



FISHERS ISLAND
Waste Management
DISTRICT

P.O. Box 22 Fishers Island, NY 06390
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APPLICATION FOR ABSENTEE BALLOT
FOR THE ELECTION OF [] COMMISSIONER []
FOR A [] -YEAR TERM
COMMENCING JANUARY 1 []

1) I am requesting, in good faith, an Absentee Ballot due to (check one)

- absence from Fishers Island, New York on Election Day
- temporary or permanent illness or physical disability
- duties related to primary care of one or more individuals who are ill or physically disabled
- patient or inmate in a 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

Applicant last name first name middle initial
suffix

Date of birth county where you live phone number

Mailing Address
Street name apt. city state zip code

2) Delivery of Absentee Ballot (check one):

- I will pick up my Absentee Ballot in person at the FIWMD Office, 2760 Whistler Ave., Fishers Island, NY 06390
 - I authorize _____ to pick up my Absentee Ballot at the FIWMD Office, 2760 Whistler Ave., Fishers Island, NY 06390
 - Please mail ballot to me at (mailing address):
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DEADLINES

APPLICATIONS for Absentee Ballot must be received

If mailed: no later than []

If hand delivered: no later than the day before election

COMPLETED Absentee Ballots must be received:

If mailed: postmarked no later than noon of election day

If hand delivered: no later than close of polls of election day



SIGNATURES

Applicant must sign below:

I certify that I am a qualified and a registered voter of Fishers Island, NY 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 be subject to the same penalties as if I had been duly sworn.

Sign here: X _____ **Date:**
_____/_____/_____

If applicant is unable to sign because of illness, 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 the 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 my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date: / / **Name of Voter:**

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 be subject to the same penalties as if I had been duly sworn.

Name of witness:

Signature of witness:

Address of witness:

- FIWMD Commission
- David Burnham, Chair
- Gordon Murphy, Treasurer
- Sarah Malinowski, Secretary
- Kate Stevens, Employee Liaison
- Mere Doyen, Community Liaison