



**REQUEST FOR ABSENTEE BALLOT**  
**FOR THE ELECTION OF 1 FIWMD COMMISSIONER FOR A FIVE-YEAR TERM**  
**COMMENCING 1 JANUARY 2025**

**Deadlines**

**REQUESTS for Absentee Ballot**

**Mailed Request:** no later than 2 pm, Wednesday, November 27, 2024, at the FIWMD Office. The Absentee Ballot will then be mailed to the Applicant at the address provided below.

**Hand-delivered Request:** no later than Monday, December 9, 2024. The Absentee Ballot will then be hand-delivered to the Applicant or their Representative identified below.

**COMPLETED Absentee Ballots**

**Mailed Ballot:** postmarked no later than noon Tuesday, December 10, 2024

**Hand-delivered Ballot:** no later than close of polls Tuesday, December 10, 2024

**1) I am a registered Southold Town, NY, voter requesting an Absentee Ballot due to the following (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 (non-felony) conviction

**2) Indicate how you intend to request your Absentee Ballot (check one)**

- I will pick up my Absentee Ballot in person at the FIWMD Office, 2760 Whistler Ave., Fishers Island, NY 06390 temporary or permanent illness or physical disability
- I authorize my Representative, \_\_\_\_\_, to pick up my Absentee Ballot at the FIWMD Office, 2760 Whistler Ave., Fishers Island, NY 06390
- Please mail my Absentee Ballot to me at (mailing address provided below)

**3) FI Voter Requesting Absentee Ballot Information (required)**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Date of Birth</b>	<b>County Where You Live</b>	<b>Phone Number</b>
<b>Mailing Address</b>		

**4) Signature by FI Voter Requesting Absentee Ballot (required)**

I certify that I am a qualified and 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.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(if applicable)** 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 assistance in making my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

**Name of Absentee Ballot Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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.

**Witness Name** \_\_\_\_\_ **Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Address**