

**OFFICE USE ONLY**

City/Town \_\_\_\_\_

Ward / District \_\_\_\_\_

Voter ID Number \_\_\_\_\_

Party Enrollment \_\_\_\_\_

Time Stamp

**SPECIAL BALLOT APPLICATION**

New York State Election Law Section 11-300  
New York State Election Law Section 11-302  
New York State Election Law Section 11-306

Religious Scruples  
Election Officials  
Victims of Domestic Violence

DATE OF ELECTION \_\_\_\_\_ 20\_\_\_\_

Primary Election \_\_\_\_\_ General Election \_\_\_\_\_ Special Election \_\_\_\_\_

To the Board of Elections in Albany County:

I \_\_\_\_\_, Date of Birth: \_\_\_\_\_ state as follows:

I reside at: \_\_\_\_\_

in the City/Town of: \_\_\_\_\_.

I am a registered voter in Albany County and I am unable to appear at the polling place for my Election District on the day of election for the following reason:

\_\_\_ Section 11-300: I do hereby swear or affirm that it is against my religious scruples to vote at a polling place located in a premise used for religious purposes.  
**(Applicant must apply in person not earlier than ONE WEEK before and not later than close of the polls on Election Day.)**

\_\_\_ Section 11-302: I am unable to appear at my Election District on the day of election because my duties as a Board of Election Employee or as an Inspector or as a Poll Clerk or as a Election Coordinator or as a Machine Custodian at a polling place other than my own, require me to be elsewhere.  
**(Application must be filed not earlier than TWO WEEKS before and not later than close of the polls on Election Day.)**

\_\_\_ Deliver to me in person at Board of Elections

\_\_\_ Deliver to \_\_\_\_\_ whom I hereby authorize to receive my ballot

\_\_\_ Mail ballot to me at \_\_\_\_\_  
(Address)

\_\_\_ Section 11-306.3 I do hereby swear or affirm that I am a victim of domestic violence, and further that; I have been forced to leave my residence because of such violence, and further that; because of the threat of physical harm to myself or members of my family residing with me, I wish to cast a special ballot in this election.  
**(Applicant must apply in person not earlier than ONE WEEK before and not later than close of the polls on Election Day.)**

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature / Mark of Voter)

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Witness to Mark)

\_\_\_\_\_  
(Address of Witness to Mark)