

Absentee Ballot Application Please print clearly. See detailed instructions on reverse.

The application must be received by the Mattituck Park District at least 14 days before the election if the ballot is to be mailed to the voter, or by Noon the day before the election, if the ballot is to be delivered to the voter or his agent. Mail or deliver to: Mattituck Park District, 11280 Great Peconic Bay Boulevard, POB 1413, Mattituck, NY, 11952.

The ballot itself must either be delivered to the Mattituck Park District not later than the close of polls on the day of the election, or postmarked by governmental postal service not later than the day of the election and received no later than the 7th day after election.

1	I am requesting, in good faith, an absentee ballot due to (check one reason):			
	<input type="checkbox"/> Absence from Suffolk County on Election Day <input type="checkbox"/> Temporary illness or physical disability <input type="checkbox"/> Permanent illness or physical disability <input type="checkbox"/> Duties related to primary care of one or more individuals who are ill or physically disabled		<input type="checkbox"/> Resident or patient of a Veterans Administration Hospital <input type="checkbox"/> 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 <input type="checkbox"/> My illness/disability is permanent. Please mail an Absentee Ballot to me for all future elections without further application.	
2	Absentee ballot(s) requested for the following election:			
	<input type="checkbox"/> Budget Election Only <input type="checkbox"/> Election for Commissioner Only <input type="checkbox"/> Budget Election & Election for Commissioner			
3	Surname		First Name	Middle Initial Suffix
4	Date of Birth MM/DD/YYYY	County of Residence	Telephone (optional)	Email (optional)
	____/____/____			
5	Residence Address Street		Check Your Hamlet: State ZIP	
			<input type="checkbox"/> Mattituck <input type="checkbox"/> Laurel NY 119____	
6	Delivery of Budget OR Election Ballot (Check One)			
	<input type="checkbox"/> I authorize (Give Name) _____ to pick up my ballot at Park District office. <input type="checkbox"/> Mail ballot to me at (Mailing Address) _____ House N° Street Name/PO Box City State ZIP			

Applicant Must Sign Below

7	I am a qualified voter of the Mattituck Park District in that: I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have _____ resided in the Park District for 30 days next preceding such date. I am registered in the district, and I know _____ of no reason why I am not qualified to vote; 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.	
	Sign Here: X _____ Date ____/____/2026 MM/DD	

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed. 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 illness or physical disability or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed. (See detailed instructions.)

Date ____/____/2026 Name of Voter: _____ Mark: _____
MM/DD

I, the undersigned, hereby certify that the above-named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his/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)

MPD	Application Received: by Hand <input type="checkbox"/> by Mail <input type="checkbox"/> _____ 2026. Voter Registered <input type="checkbox"/>
	Absentee Ballot Received: by Hand <input type="checkbox"/> by Mail <input type="checkbox"/> _____ 2026.

Instructions:

Who may apply for an absentee ballot?

Each person must apply for themselves/ It is a felony to make a false statement in an application for an absentee ballot, to attempt to cast an illegal ballot, or to help anyone to cast an illegal ballot.

Information for military and overseas voters:

If you are applying for an absentee ballot because you or your family are in the military or because you currently reside overseas, do not use this application. You are entitled to special provisions if you apply using the Federal Postcard Application. For more information about military/overseas voting, contact your local board of elections or refer to the Military and Federal Voting sections at elections.ny.gov/VotingMilitaryFed.html

Where and when to return your application:

Applications must be mailed seven days before the election, or hand-delivered to the Mattituck Park District Office by the day before the election.

Options available to you if you have an illness or disability:

If you check the box indicating your illness or disability is permanent, once your application is approved you will automatically receive a ballot for each election in which you are eligible to vote, without having to apply again. You may sign the absentee ballot application yourself, or you may make your mark and have your mark witnessed in the spaces provided on the bottom of the application. Please note that a power of attorney or printed name stamp is not allowed for any voting purpose.

When your ballot will be sent:

Your absentee ballot materials will be sent to you immediately upon receipt of the absentee ballot application. If you prefer, you may designate someone to pick up your ballot for you, by completing the required information in section 6 and/or section 7, as appropriate. Contact the Mattituck Park District Office if you do not receive your ballot.