

The following to be completed if applicant is unable to sign because of illness or physical disability. 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 my illness or physical disability, I have made, or have received assistance in making my mark in lieu of my signature.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mark)

\_\_\_\_\_  
(Signature of Witness)

Affix First  
Class Post-  
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# ABSENTEE BALLOTING MATERIAL

LYCOMING COUNTY BOARD OF ELECTIONS  
48 W THIRD STREET  
WILLIAMSPORT PA 17701

## APPLICATION FOR ABSENTEE BALLOT

NOTE: A separate absentee ballot application must be submitted to the county board of elections for each election.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Home Address)

\_\_\_\_\_  
City Zip Code County

\_\_\_\_\_  
(Date of Birth)

### MAIL BALLOT TO ME AT THE FOLLOWING ADDRESS

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
City State Zip

I hereby apply for an absentee ballot for the following reason:

Absent from  
Municipality  
Complete Section A

Illness or physical  
disability  
Complete Section B

#### SECTION A: ABSENT FROM MUNICIPALITY

I declare that I am eligible to vote absentee at the forthcoming election since I expect that my duties, occupation or business will require me to be absent from the municipality of my residence on the day of the election for the reason stated below; and that all of the information which I have listed on this absentee ballot application is true and correct.

\_\_\_\_\_  
(Insert reason for absence here)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Elector)

#### SECTION B: ILLNESS OR PHYSICAL DISABILITY

I declare that I am eligible to vote absentee at the forthcoming election due to illness or physical disability stated below; that the information required to be listed pertaining to my illness or physical disability is correctly stated herein and that all other information that I have listed on this absentee ballot application is true and correct.

\_\_\_\_\_  
(Insert illness or disability here)

\_\_\_\_\_  
(Name of Physician)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Elector)

**If unable to sign complete reverse side**

**WARNING-**If you are able to vote in person on Election Day, you **MUST** go to your polling place, void your absentee ballot and vote there.