

Absentee Ballot Application

Note: A separate absentee ballot application must be submitted to your county board of elections for each primary or election.

ALL VOTERS COMPLETE HERE	Full Name		
	Home Address (not P.O. Box)		
	Zip Code	County	Election District (if known)
	Occupation	Date of Birth	
	I have lived at this address since _____		
	State or Federal Government employees check here <input type="checkbox"/>		Email Address (optional) _____
	Enter PA Driver's License (DL) or PennDOT ID# here:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If no PA DL or PennDOT ID# enter last 4 digits of SS# here: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> I DO NOT have a PA Driver's License, PennDOT ID, or Social Security Number. (A copy of an acceptable ID must be provided with this application. Please visit www.VotesPA.com or call your county board of elections regarding acceptable IDs.)		
	I hereby apply for an absentee ballot for the following reason (check one): <input type="checkbox"/> ABSENCE FROM THE MUNICIPALITY – COMPLETE SECTION A <input type="checkbox"/> ILLNESS OR PHYSICAL DISABILITY – COMPLETE SECTION B		
	Mail ballot to me at the following address (if different from above):		
Mailing Address			
City	State	Zip Code	

ABSENCE FROM MUNICIPALITY COMPLETE HERE	SECTION A – ABSENCE FROM THE MUNICIPALITY		
	I declare that I am eligible to vote absentee at the forthcoming primary or 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 or the primary or 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:		
	Signature of Elector	Date	

ILLNESS OR PHYSICAL DISABILITY COMPLETE HERE	SECTION B – ILLNESS OR PHYSICAL DISABILITY		
	I declare that I am eligible to vote absentee at the forthcoming primary or election due to the illness or physical disability stated below; that the information required to be listed pertaining to my attending physician 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 Physical Disability Here:		
	Name of Physician	Phone Number	
	Office Address		
	Signature of Elector	Date	
	(If unable to sign, complete SECTION C below)		
SECTION C			
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.			
Mark of Elector	Date		
Signature of Witness	Complete Address of Witness		

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.



R. JACK MCKERNAN, COMMISSIONER
TONY R. MUSSARE, COMMISSIONER
RICHARD MIRABITO, COMMISSIONER

BOARD OF ELECTIONS

LYCOMING COUNTY, PENNSYLVANIA
48 WEST THIRD STREET
WILLIAMSPORT PA 17701
TELEPHONE: (570) 327-2267

DIRECTOR OF ELECTIONS AND REGISTRATION
FORREST K. LEHMAN
JOSEPH R. MUSTO, P.C., SOLICITOR
MATTHEW A. MCDERMOTT, CHIEF CLERK

Absentee Ballot Application Instructions

Complete all required information on the Application.

You must supply your PA Driver's License number or PennDOT-issued Pennsylvania photo identification card (PennDOT photo ID) number in the blocks provided. If you do not have a driver's license number or PennDOT photo ID number, you must supply the last 4 digits of your Social Security Number.

If you do not have either of these types of identification, please check the box entitled, I DO NOT have a PA Driver's License, PennDOT ID#, or SS#. You must enclose a photocopy of an acceptable ID. Please see www.VotesPA.com, call 1-877-VotesPA (1-877-868-3772), or contact your county board of elections regarding acceptable forms of identification.

Registered voters of Lycoming County must return the completed application to the Lycoming County Board of Elections:

Office Location:

Third Street Plaza (1st floor)
33 West Third Street
Williamsport, PA

Mailing Address:

Lycoming County Board of Elections
48 W Third St
Williamsport, PA 17701

Registered voters of other counties in Pennsylvania may find contact information for their county board of elections at www.VotesPA.com.

The last day to apply for a civilian absentee ballot is 5:00pm on the Tuesday before a primary or election. Postmarks do not count, and only original applications may be received (no facsimiles or emails).

The last day to return a voted civilian absentee ballot to the county Board of Elections is 5:00pm on the Friday before a primary or election. Postmarks do not count. Only the actual voter may hand deliver his or her ballot.