TOUR ADDRESS.		

VOLID ADDDECC



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MAIL TO:			

To mail, put the address of your County Board of Elections in the "Mail To:" box

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CAYUGA—10 Court Street Auburn, NY 13021 (315) 253-1285

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FRANKLIN—355 West Main St. Suite 155 Malone, NY 12953

FULTON—2714 St. Hwy 29, Ste. 1 Johnstown, NY 12095 (518) 736-5526

GENESEE—County Building #1 15 Main St., PO Box 284 Batavia, NY 14021 (585) 344-2550

GREENE—411 Main St., 4th Floor PO Box 307 Catskill, NY 12414 (518) 719-3550

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HERKIMER—109 Mary St. Suite 1306, Herkimer, NY 13350 (315) 867-1102

JEFFERSON—175 Arsenal St. Watertown, NY 13601 (315) 785-3027

LEWIS—Court House 7660 N. State St. Lowville, NY 13367 (315) 376-5329 LIVINGSTON—County Gov't. Center 6 Court Street, Room 104 Geneseo, NY 14454-1043 (585) 243-7090

MADISON—County Office Bldg. PO Box 666 Wampsville, NY 13163 (315) 366-2231

MONROE—39 Main St. W. Rochester, NY 14614 (585) 428-4550

MONTGOMERY—Old Courthouse 9 Park Street Fonda, NY 12068-1500 (518) 853-8182

NASSAU—400 County Seat Drive Mineola, NY 11501 (516) 571-2411

NEW YORK CITY - Executive Offices 32 Broadway, 7th Floor New York, NY 10004 (212) 487-5300

NIAGARA—111 Main St., Suite 100 Lockport, NY 14094 (716) 438-4040

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ONTARIO—20 Ontario St. Canandaigua, NY 14424 (585) 396-4005

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ORLEANS—County Admin. Bldg. 14016 State Rte. 31 Albion, NY 14411 (585) 589-3274 **OSWEGO**—46 E. Bridge St. Oswego, NY 13126 (315) 349-8350

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ROCKLAND—11 New Hempstead Rd. New City, NY 10956 (845) 638-5172

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SARATOGA—50 W. High St. Ballston Spa, NY 12020 **(518) 885-2249**

SCHENECTADY—388 Broadway Suite E, Schenectady, NY 12305-2520 (518) 377-2469

SCHOHARIE—County Office Bldg. 284 Main St., PO Box 99 Schoharie, NY 12157 (518) 295-8388

SCHUYLER—County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891-1435 (607) 535-8195

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STEUBEN—3 E. Pulteney Sq. Bath, NY 14810 **(607) 664-2260**

SUFFOLK—PO Box 700, Yaphank Ave. Yaphank, NY 11980 (631) 852-4500

SULLIVAN—Gov't. Center 100 North St., PO Box 5012 Monticello, NY 12701-5192 (845) 794-3000 ext. 5024

TIOGA—County Office Bldg. 56 Main St. Owego, NY 13827 (607) 687-8261

TOMPKINS—Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522

ULSTER—284 Wall St. Kingston, NY 12401 **(845) 334-5470**

WARREN—Warren County Municipal Center 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456

WASHINGTON—383 Broadway Fort Edward, NY 12828 (518) 746-2180

WAYNE—157 Montezuma St. Ext. PO Box 636, Lyons, NY 14489-0636 (315) 946-7400

WESTCHESTER—25 Quarropas St. White Plains, NY 10601 (914) 995-5700

WYOMING—76 North Main St. Warsaw, NY 14569 **(585) 786-8931**

YATES—Suite 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135



New York State Voter Registration Form

You Can Use This Form To:

- · register to vote in New York State
- change your name and/or address, if there is a change since you last voted
- enroll in a political party or change your enrollment

To Register You Must:

Please do not write in this space

- be a U.S. citizen
- be 18 years old by the end of this year
- not be in jail or on parole for a felony conviction
- · not claim the right to vote elsewhere

Need More Registration Forms?

You can get registration forms at most state agency offices and post offices or at any county board of elections or call 1-800-FOR-VOTE.

In Order To Vote:

- you can register in person at your county board of elections
- to vote in an election, you must mail or deliver this form to your county board no later than 25 days before the election in which you want to vote
- be 18 years old by the date of the election in which you want to vote
- your eligibility to vote will be based on the date you file this form
- your county board will notify you of your eligibility

Questions? Call your county board of elections. Find the phone number on the other side of this form.

Hearing impaired people with TDD/TTY may call the New York State Relay #711.

Visit our website - www.elections.state.ny.us Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:如果你有興趣索取本中文資料表格,請電 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화하십시오.

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

If you include a copy of any identification with this application, be sure to tape the sides of this form closed.

TO COMPLETE THIS FORM:

Box 9: If you have a current DMV number, you must provide that number. If you do not have a current DMV number, you must provide the last four digits of your social security number.

Box 10: If you have never voted before, write "None." If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same."

Box 11: Check one box only. In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties.

*Except the Independence Party, which permits non-enrolled voters to vote in their primary elections.

If you would like an application for an ABSENTEE BALLOT or would like to be an ELECTION DAY WORKER, please check the corresponding box below.

	Yes, I need an application	for an Absentee B	allot Plea	se p	rint in blue or black i	ink	Yes, I would like to be an Election Day Worker		
1	Are you a U.S. citizen? Yes \(\subseteq \text{No}\) If you answered NO, do not co	omplete this form.	I will be 18 years old on or before election day: Yes □ No □ If you answered NO, do not complete this form, unless you will be 18 by the end of the year.			For Board use only!			
3	Last Name	First Name			ddle Initial Suffix				
4	Home Address Where You	Iome Address Where You Live (do not give P.O. address) Apt. No. City/Town/Village Zip Code County							
5	Address Where You Get Your Mail (if different from home address) P.O. box, star rte., etc. Post Office Zip Code								
6	Date of Birth	Sex (circle) M F	8 Hom	e Tel.	Number (optional)		ID Number - Check the applicable box and provide your number New York DMV number		
10	The last year you voted In county/state			ferent from your name now)			If you do not have a New York DMV number, please provide Last four (4) digits of your Social Security number I do not have a New York DMV number or a Social Security number.		
11	Choose a Party — C DEMOCRATIC PA REPUBLICAN PAR INDEPENDENCE I CONSERVATIVE I WORKING FAMIL OTHER (write in)	RTY RTY PARTY PARTY	ly To vote in a primary election, you nust be enrolled none of these parties. See above	12	AFFIDAVIT: I swear or affirm that I am a citizen of the United States. I will have lived in the county, city, or village for at least 30 days before the ele I meet all requirements to register to vote in New York State. This is my signature or mark on the line below. The above information is true. I understand that if it is not true I can be convict fined up to \$5,000 and/or jailed for up to four years. Signature or mark in ink				
	☐ I DO NOT WISH TO ENROLL IN A PARTY			X		Date			