

STATE OF NEW YORK
STATE BOARD OF ELECTIONS

REQUEST FOR TRANSFER OF REGISTRATION RECORD
(Sec. 5-601, NYS Election Law)

The intent of this form is to allow a physically disabled voter to apply for transfer of his or her registration records from an inaccessible polling place to an accessible one, allowing the voter to vote in person at the polls.

**TO BE FILED WITH YOUR COUNTY BOARD OF ELECTIONS
AT LEAST 14 DAYS BEFORE ELECTION DAY**

PLEASE PRINT

NAME _____

ADDRESS _____

(Street/Apt. No.)

(City/Town/Village)

(Zip Code)

(County)

TEL. NO. _____

Location of Current Polling Place _____

_____(Please check if applies) I am a physically disabled voter and hereby request that my registration record be transferred to an accessible polling place with the same ballot as my previous place for the ___ PRIMARY election and/or ___ GENERAL election in the year 19 _____.
I prefer the polling place located at:

_____(Please check if applies) I am a permanently disabled voter and hereby request that my registration record be transferred to an accessible polling place with the same ballot as my previous place for all subsequent elections.
I prefer the polling place located at:

I understand that if I do not specify a location or if the ballot in such polling place is different, the Board of Elections will transfer my records to the accessible polling place closest to my residence.

(Signature of Applicant)

(Date)

The Board of Elections will notify you, within 10 days of the election, of your new polling place, or if no suitable location can be found, will provide you with an absentee ballot.