BOARD OF ELECTIONS
COUNTY OF PUTNAM
25 Old Route 6, Carmel, New York 10512
(845) 808-1300 • Fax (845) 808-1920
www.putnamboe.com

Commissioners
CATHERINE P. CROFT
KELLY K. PRIMAVERA

CORRECTION OF A MISTAKE IN ENROLLMENT
NEW YORK STATE ELECTION LAW §5-306

This form must be used within one (1) year of the filing date on the registration containing the mistaken party enrollment.

I, _____, do solemnly declare that I am a resident and a
(Print Name of Voter)

qualified voter residing at _____,
(Residential Address not P.O. Box)

which is in the _____ Election District of the Town of _____, County of Putnam;

Please select one of the following: ☐ that when registering I failed to mark any party **or**
☐ I marked my enrollment as "No Party" in which I did not intend to enroll;

and I therefore, request that I be enrolled in the _____Party.

It is my intention to support at the next General Election the nominees of said party.

Please select one of the reasons below:

☐ I do further state that I have been duly and regularly enrolled with the party whose name I desire to be entered on my registration record for at least five (5) years immediately preceding the registration at which such mistake occurred, during this period my residence was

_____,
(Only if residential address is different from above and within New York state. Do not use P.O. Box)

Town of _____, County of _____, State of New York; **or**

☐ I have not been registered for all or part of such five (5) year period.

I affirm that the information provided herein is true and I understand that this request 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 for perjury as if I had been duly sworn.

_____ _____/_____/_____
Signature of Voter **Date**

Witness: _____
(Signature of Democratic Commissioner or Deputy Commissioner)

Witness: _____
(Signature of Republican Commissioner or Deputy Commissioner)

☐ Approved ☐ Not Approved