



empowering new yorkers with disabilities

NYSILC
VOTING PROXY FORM

Council Member Printed Name and Signature:

Proxy Valid on the Following Full Council Meeting Date(s):

Name of Authorized PROXY for Vote:

By signing below you authorize the proxy listed above to vote on your behalf in any / all official New York State Independent Living Council business conducted during the Full Council Meeting date(s) listed above. Further, you acknowledge that this proxy vote is valid for the date(s) you have listed and is null and void upon adjournment of listed meeting(s).

Please submit signed original proxy to the NYSILC Secretary prior to Full Council Meeting for which it is intended to be used. Incomplete or incorrect proxy forms cannot be corrected once the meeting has been called to order. Please be sure that the Council Member to whom you have given your proxy will be physically present at the Council Meeting(s) you have indicated above.

Proxy Form Received By:

Date Received:

NYSILC Secretary

Identify the items from the agenda that you authorize the proxy to vote on and how to vote (approve, disapprove, or abstain):