

APPLICATION FOR ABSENTEE BALLOT

NAME _____

RESIDENCE ADDRESS:
STREET & NUMBER _____

CITY/TOWN, STATE, ZIP _____

I am/will be, on the day of the school district election, a qualified voter of the school district in which I reside in that I am/will be, on such date, over eighteen years of age, a citizen of the United States and have/will have resided in the district for thirty days next preceding 5/15/18.

I will be unable to appear to vote in person on the day of the school district election for which the absentee ballot is requested because I will on such day be:

_____ a patient in a hospital, or unable to appear personally at the polling place because of illness or physical disability.

_____ because of my duties, occupation, business, or studies, I will be required to be outside of the county or city of my residence on such day.
If this is the case, please provide a brief description of such duties, occupation, business, or studies: _____

If such duties, occupation, business, or studies are not of such a nature as ordinarily to require such absence, statement of the special circumstances on account of which such absence is required:

_____ on vacation outside the county or city of my residence.
If this is the case, please provide:
Inclusive dates of vacation from _____ to _____
Location of vacation

Name & Address of Employer _____

If self-employed or retired, statement to that effect _____

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_____ absent from my voting residence because I am detained in jail awaiting action by a grand jury or awaiting trial or am confined in prison after conviction for an offense other than a felony.

If this is the case, please state whether:

_____ you are detained awaiting action of the grand jury.

_____ you are confined after conviction for an offense other than a felony.

I do hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor.

DATE _____ SIGNATURE OF VOTER _____

PLEASE NOTE: This application must be received by the District Clerk of the School Board at **least seven days** before the election if the ballot is to be mailed to the voter, or the day before the election, if the ballot is to be delivered personally to the voter.

**Applications may be returned to: Bryn M. Fefee
District Clerk
Malone Central School District
P.O. Box 847
Malone, NY 12953**