

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 5/16/17.

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 _____

_____ 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: District Clerk
Malone Central School District
P.O. Box 847
Malone, NY 12953**