Application for Absentee Ballot

Application must be-received by the District Clerk at least 7 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.

	of New York	
City o Count	r Town of v of	} ss.:
I,		being affirmed say I reside
at		Street number (if any) or town
and		
		and rural deliver route (if any)
		strict in which I reside in that: I am or will be on such date, over 18 years of age or will have resided in the district for thirty days next preceding such date
	I am registered in the district.	
	pe unable to appear to vote in poted ted because I am or will be on s	rson on the day of the School District election for which the absentee ballot is ach day:
		(Complete one of the following subdivisions)
		A. \Box
A pation		ear personally at the polling place on such day because of illness or physical
D	1	B. [
such d		ss or studies will require me to be outside of the county or city of my residence on
□ 1.		business or studies are of such a nature as ordinarily to require such absence, a , occupation, business or studies shall be set forth (description):
□ 2.		business or studies are not of such a nature as ordinarily to require such absence, a special circumstances to account for such absence.
		С. 🗆
I will b	e on vacation elsewhere on suc	day.
I expec	t that such vacation will begin	nand end Date Date
and wi	l be at the following named pla	Date e or places
Name (of Employer	Address

or self-employed as a	Located at
or retired as of (date)	
	D. 🗆
I will be absent from my voting residence beca	
☐ I am detained in jail awaiting action by gra	and jury
☐ I am awaiting-trial	•
☐ I am confined in a prison after conviction	for an offense other than a felony.
	E. □
District election by reason of accompanying of in the same household with a person qualified of his residence due to his duties, occupation	hat I expect to be absent from the School District on the day of the School or being with the (check one) \square spouse, \square parent, \square or child of, and reside to apply in that such a person (check one) \square will be absent from the county n, business or studies and such absence is not caused by the fact that his cated outside such county, or \square will be absent due to vacation, \square a patient
The person through whom I claim to be so enti	itled (check one) \square has \square has not applied for an absentee ballot.
KNOWLEDGE AND BELIEF, AND I	DREGOING IS A TRUE STATEMENT TO THE BEST OF MY UNDERSTAND THAT IF I MAKE ANY MATERIAL FALSE STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I OR.
Date	Signature of Voter or Mark
Please return completed application to:	District Clerk Jericho Union Free School District 99 Cedar Swamp Road Jericho, NY 11753-1202

Fax: 516-203-3602

Email: <u>Districtclerk@jerichoschools.org</u>