

**APPLICATION FOR ABSENTEE BALLOT**

PLEASE TAKE NOTICE that the application must be completed and received by the District Clerk at the District Office located at 15 Croft Road, Poughkeepsie, New York 12603 at least seven (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. The election will take place on Monday, December 5, 2017.

The requirements for this application are set forth in Section 2018-b of the New York State Education Law.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, number, if any, or town and rural delivery route, if any)

In order to receive an absentee ballot, you must complete the following information:

1. I am, or will be, on the day of the school district election, at least eighteen years of age, a citizen of the United States and will have resided in the school district for thirty days next preceding the date of the election.

(check one)            Yes \_\_\_\_\_            No \_\_\_\_\_

2. I will be unable to appear to vote in person on the day of the school district election because: (check one)

a. \_\_\_ I will be on such day a patient in a hospital or unable to appear personally at the polling place on such day because of illness or physical disability.

b. \_\_\_ My duties, occupation, business, or studies require me to be outside of the county of my residence on such day.

If you have checked 2b above, please complete 1 or 2 below:

1. If your duties, occupation, business, or studies are of such a nature as ordinarily require such absence, please give a brief description of such duties, occupation, business, or studies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. If your duties occupation, business or studies are not of such a nature as ordinarily require such absence, please indicate the special circumstances on account of which such special absence is required:

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c. \_\_\_ I will be on vacation outside the county of my residence on such day.

If you have checked 2c above, please complete the following:

1. Date you expect to begin your vacation.

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2. Date you expect to end your vacation.

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3. Place or places you will be on vacation.

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4. Answer i) or ii) or iii)

i) Name of Employer

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Address of Employer

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ii) Are you self-employed? \_\_\_\_\_

iii) Are you retired? \_\_\_\_\_

d. \_\_\_ I will be absent from my voting residence because I will be detained in jail awaiting action by a grand jury or awaiting trial.

- e. \_\_\_\_ I will be confined to prison after conviction for an offense other than a felony.
  
- f. \_\_\_\_ I am the (spouse, parent, child) of a qualified voter who has applied for or is eligible to apply for an absentee ballot and will be absent from the school district on the day of the school district election by reason of my accompanying or being with my (spouse, parent, child) who is entitled to apply for an absentee ballot for one of the reasons listed above.

I 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.

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Date