

ABSENTEE BALLOT APPLICATION FOR SCHOOL DISTRICT AND LIBRARY ELECTION
FREEPORT UNION FREE SCHOOL DISTRICT

ALL APPLICANTS MUST SIGN DECLARATION ON REVERSE SIDE

IMPORTANT: THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK 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.

PLEASE PRINT LEGIBLY

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| Category (check one) | |
| <input type="checkbox"/> A. Illness or disability | <input type="checkbox"/> D. Ordinary absence for duties, occupation, or business |
| <input type="checkbox"/> B. Detained or confined in jail or prison | <input type="checkbox"/> E. Unusual absence for duties, occupation, business or studies |
| <input type="checkbox"/> C. Vacation | <input type="checkbox"/> F. Spouse, parent or child accompanying voter entitled to absentee ballot |

I, _____, *(Please print name and address legibly)* an applicant for an absentee ballot, state that I reside at _____. On _____, the date of the forthcoming election, I will be over the age of 18 years, a citizen of the United States, and a resident of the school district for at least thirty (30) days. I have registered to vote in the school district's elections with *(check one or both if appropriate)* the school district's Board of Registration the Nassau County Board of Elections.

COMPLETE THE APPROPRIATE SECTION BELOW FOR THE CATEGORY YOU CHECKED

A. ILLNESS OR DISABILITY:

Because of illness; physical disability *(please check one)*, I will be unable to appear personally at the polling place on the day of the next election. I expect, in good faith, to be confined at *(insert the word "home" or the name and address of the hospital or institution)* _____ and have been advised that I will be unable to appear by *(insert the name and address of physician, Christian Science Practitioner or name and title of medical superintendent or administrative head of hospital or institution)*.

Name of health care provider: _____

Address: _____ Telephone: _____

B. DETAINED OR CONFINED IN JAIL OR PRISON:

I will be unable to personally appear at the polling place on the day of the next election because I expect, in good faith to be:

- A. Detained in jail awaiting action by a grand jury.
- B. Confined in prison after conviction for an offense other than a felony.
- C. Detained in jail or prison awaiting trial.

Place where confined or detained: _____

C. VACATION:

If you plan to be on vacation outside the County of Nassau and are unable to appear personally at the polling place on the day of the next election, complete the following:

Vacation begins on _____ and ends on _____

Place or places expected to be on such vacation: _____

Self-employed or retired: Yes No

D. ORDINARY ABSENCE DUE TO DUTIES, OCCUPATION, BUSINESS, OR STUDIES:

I will be unable to appear personally at the polling place on the next election because I will be outside the County of Nassau due to the fact that my duties, occupation, business, or studies ordinarily requires such an absence. Explain briefly your position and the nature of your duties, occupation, business or studies requiring such absence. _____

E. UNUSUAL ABSENCE FOR DUTIES, OCCUPATION, BUSINESS, OR STUDIES:

I expect, in good faith, to be absent from the County of Nassau on the day of the next election and will not be able to appear personally at the polling place because of special circumstances not usual to my duties, occupation, business, or studies. Explain briefly your position and the nature of your duties, occupation, business, or studies and the special circumstances on account of which your absence will be required.

F. SPOUSE, PARENT, OR CHILD ACCOMPANYING VOTER ENTITLED TO ABSENTEE BALLOT:

If you are the spouse, parent or child of a qualified voter who will be absent on the day of the election and will be accompanying that person so that you will be unable to personally appear at the polling place, state:

Name of that person: _____

That person's home address: _____

That person's relationship to you: _____

Reason for such person's absence: _____

If that person has not made application for an absentee ballot, state the reasons for such person's absence to the same extent as he or she would have done so had he or she made application. You will not be entitled to an absentee ballot unless that person would have been entitled to one, had he or she applied. _____

MAILING ADDRESS

IMPORTANT: If address to which absentee ballot is to be delivered is different from permanent address (*i.e., school address, vacation address, etc.*)

DECLARATION – ALL APPLICANTS MUST SIGN

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

DATE: _____

SIGNATURE OF APPLICANT: _____

MAIL at least seven (7) days before the election if the Ballot is to be mailed to the voter – to:

OR

DELIVER personally no later than the date before the election to:

**District Clerk
Freeport Union Free School District
Administrative Offices
235 North Ocean Avenue
Freeport, New York 11520**