

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.

State of New York
City or Town of
County of

} ss.:

I, _____ being affirmed say:

I reside at _____
Street number (if any) or town

_____ and rural delivery route (if any)

I am a qualified voter of the School District in which I reside in that: I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days next preceding such date
 I am registered in the district.

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 am or will be on such day:

(Complete one of the following subdivisions)

A.

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

B.

Because my duties, occupation, business or studies will require me to be outside of the county or city of my residence on such day.

1. Where such duties, occupation, business or studies are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business or studies shall be set forth (description):

2. Where such duties, occupation, business or studies are not of such a nature as ordinarily to require such absence, a statement must be given for the special circumstances to account for such absence.

C.

I will be on vacation elsewhere on such day.

I expect that such vacation will begin on _____
Date

and end on _____
Date

and will be at the following named place 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 because

- I am detained in jail awaiting action by grand jury.
- I am awaiting trial.
- I am confined in a prison after conviction for an offense other than a felony.

E.

I am entitled to vote as an absentee voter in that I expect to be absent from the School District on the day of the School District election by reason of accompanying or being with the (check one) spouse, parent, or child of, and reside in the same household with a person qualified to apply in that such a person (check one) will be absent from the county of his residence due to his duties, occupation, business or studies and such absence is not caused by the fact that his regular daily place of business or studies is located outside such county, or will be absent due to vacation, a patient at a hospital, detained in jail, confined due to illness or physical disability.

The person through whom I claim to be so entitled (check one) has has not applied for an absentee ballot.

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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

Date

Signature of Voter or Mark

ABSENTEE BALLOT INSTRUCTIONS

- 1. Absentee ballots may be obtained on the District website or in the District Clerk's office during school business hours. Completed applications 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 picked up personally by the voter at the District Clerk's Office. Absentee ballots must be received by the District Clerk no later than 5:00 PM, prevailing time, on the day of the vote.**
- 2. Fill out all the sections pertaining to your specific situation**
- 3. If you require the form to be sent to an alternate location – please write all pertinent address information on the bottom of the form – after your signature:**
- 4. Example:**
 - Your Name**
 - Name of School/Business/Hotel**
 - Full Address**
 - City, State, Zip Code**
- 5. Return the signed application:**
 - Loretta Tularzko**
 - District Clerk**
 - Dobbs Ferry Union Free School District**
 - 505 Broadway**
 - Dobbs Ferry, NY 10522**