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 to the voter.

State of New York	
City or Town of	
County of	
I,	being affirmed say: I reside at
-	which I reside in that: \Box I am or will be on such date, over 18 years of age, have resided in the district for thirty days next preceding such date
I will be unable to appear to vote in person on requested because I am or will be on such day:	the day of the Library District election for which the absentee ballot is
(Comp	plete one of the following subdivisions)
	A. □
A patient in a hospital, or unable to appear per disability.	rsonally at the polling place on such day because of illness or physical
	В. 🗆
Because of my duties, occupation or business v day.	will require me to be outside of the county or city of my residence on such
☐ 1. Where such duties, occupation or business description of such duties, occupation or busin	ss are of such a nature as ordinarily to require such absence, a brief less shall be set forth (description):
□ 2. Where such duties, occupation or business must be given for the special circumstances to	ss are not of such a nature as ordinarily to require such absence, a statement account for such absence.
	С. 🗆
I will be on vacation elsewhere on such day.	
ž	
and end on	
	aces
Name of Employer	Address
	T - vis I d
or seir employed as a	Located at

D. □
I will be absent from my voting residence because
☐ I am detained in jail awaiting action by grand jury.
□ I am awaiting trial.
\Box 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 Library District on the day of the Library
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 or business and such absence is not caused by the fact that his regular daily
place of business 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) \Box has \Box 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 STATEMENT IN THE
FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A
MISDEMEANOR.
Date Signature of Voter or Mark