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 Dutchess | } ss.: |
| I, | being affirmed say: |
| I reside at | |
| | Street number (if any) or town |
| and rural delivery route (if any) | |
| date, over 18 years of a district for thirty days r I am registered in the I will be unable to appe | ar to vote in person on the day of the School District election for |
| | lot is requested because I am or will be on such day: (Complete one of the following subdivisions) |
| | A. \square |
| A patient in a hospital, or illness or physical disabil | unable to appear personally at the polling place on such day because of ity. |
| | в. 🗆 |
| Because my duties, occu county or city of my res | upation, business or studies will require me to be outside of the sidence on such day. |
| | occupation, business or studies are of such a nature as ordinarily ence, a brief description of such duties, occupation, business or h (description): |
| □ 2. Where such duties, | occupation, business or studies are not of such a nature as |
| ordinarily to require su circumstances to accou | nch absence, a statement must be given for the special nt for such absence. |
| | |
| | |
| | С. □ |

I will be on vacation elsewhere on such day.

| I expect that such vacation will begin o | n |
|--|--|
| | Date |
| and end on | |
| and will be at the following named place | Date ce or places |
| and win be at the following named place | te of places |
| | |
| Name of employer | Address |
| ar self amplemed as a | I a gate d at |
| | Located at |
| | |
| , | D. □ |
| I will be absent from my voting resider | nce because |
| □ I am detained in jail awaiting act | ion by grand jury. |
| \square I am awaiting trial. | |
| \square I am confined in a prison after co | onviction for an offense other than a felony. |
| | E. □ |
| I am outitled to wate as an absente a vest | - |
| | ter in that I expect to be absent from the School |
| • | ct Budget Vote and Election by reason of |
| | x one) □spouse, □parent, □or child of, and reside in |
| | lified to apply in that such a person (check one) |
| | /her residence due to his/her duties, occupation, |
| | s not caused by the fact that his/her regular daily |
| • | outside such county, or will be absent due to |
| vacation, \Box a patient at a hospital, \Box det disability. | ained in jail, □confined due to illness or physical |
| The person through whom I claim to be | e so entitled (check one) □has □has not applied for |
| an absentee ballot. | |
| I HEDERY DECLARE THAT THE EAR | EGOING IS A TRUE STATEMENT TO THE BEST OF |
| _ | UNDERSTAND THAT IF I MAKE ANY MATERIAL |
| · · · · · · · · · · · · · · · · · · · | DING STATEMENT OF APPLICATION FOR |
| ABSENTEE BALLOTS, I SHALL BE GU | |
| | |
| Date | Signature of Voter or Mark |