

<u>Application for Absentee Ballot</u>
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.

	Date of Birth:	
Name:		
	(Please Print)	
Residential Address:		
	Number and Street	
Town	State	Zip
Mailing Address:		
Town	State	Zip
I will be unable to app because I am, or will	pear to vote in person on such date for whee (check one):	which the absentee ballot is requested
illness instanc school contrac	n a hospital, or unable to appear personal or physical disability. "Illness" shall in these where a voter is unable to appear per district in which they are a qualified voteting or spreading a disease that may carers of the public;	resonally at the polling place of the eter because there is a risk of

:	Where such duties, occupation, business or studies are not of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business or studies shall be set forth (give description below):
begin on	itside the county or town of residence. I expect that such vacation will and end on and will be at the named place or places:
I a I a I a 5. I am entitled t District or with the (c household be absent located ou a hospital, "Illness" s instances y school dis	t from my voting residence because:  m detained in jail awaiting action by a grand jury or awaiting trial, or m confined in prison after conviction for an offense other than a felony.  o vote as an absentee voter in that I expect to be absent from the School the day of the School District vote by reason of accompanying or being check one) spouse, parent, or child of, and reside in the same with a person qualified to apply in that such person (check one) will from the county of his residence due to his duties, occupation, studies, is tside such county, or will be absent due to vacation, a patient at detained in jail, or confined due to illness or physical disability. hall include, but not be limited to, where a voter is unable to appear personally at the polling place of the trict in which they are a qualified voter because there is a risk of g or spreading a disease that may cause illness to the voter or to other
I hereby declare that the f I understand that if I make	Foregoing is a true statement to the best of my knowledge and belief, and are any material false statement in the foregoing statement of application l be guilty of a misdemeanor.
Date	Signature of Voter
Please return to:	

lease return to:

Jana Atwell, District Clerk Boquet Valley Central School PO Box 158, 7530 Court Street Elizabethtown, NY 12932