

BRENTWOOD UNION FREE SCHOOL DISTRICT

APPLICATION FOR ABSENTEE BALLOT

THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK'S OFFICE AT LEAST 7 DAYS BEFORE THE ELECTION IF THE ABSENTEE BALLOT IS TO BE MAILED TO THE VOTER OR;

THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK'S OFFICE BY THE DAY BEFORE THE ELECTION IF THE ABSENTEE BALLOT IS TO BE PROVIDED TO THE VOTER IN PERSON.

Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the election to which it specifically pertains. You must, unless permanently ill or disabled, complete an application for an absentee ballot for each election.

I, _____,
(Name: Type or Print Clearly)

I reside at _____.
(Address)

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 School District for thirty days for at least thirty (30) days prior to the School District Election; and I am registered in the School 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 that day: **(Complete one of the following sections, A-E):**

- A. I will be a patient in a hospital or unable to appear personally at the polling place on the day of the School District Election because of illness or physical disability.**
- B. My duties, occupation, business or studies will require me to be outside of Suffolk County or my City of residence on the day of the School District Election.**

1. If your duties, occupation, business or studies are of such a nature as ordinarily to require your absence, provide a brief description of such duties, occupation, business or studies:

2. If your duties, occupation, business or studies are not of such a nature as ordinarily to require your absence, provide a statement describing the special circumstances on account of which your absence is required:

- C. I will be on vacation outside of Suffolk County or my City of residence on the day of the School District Election.**

I expect that such vacation will begin on: _____

I expect that such vacation will end on: _____

I expect my vacation will take place at the following location or locations:

Name of Employer:

Address of Employer:

OR

- I am self-employed
 I am retired

- D. I will be absent from my voting residence because:**

- I am detained in jail awaiting action by a grand jury.
 I am detained in jail awaiting trial.
 I am confined in 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 a (**check one**): Spouse; Parent; or Child who is or would be, if he/she was a qualified voter, entitled to apply for the right to vote by absentee ballot by reason of (**check one**):

- He/she will be a patient in a hospital or absent because of illness or physical disability.
 He/she will be absent due to duties, occupation, business or studies.
 He/she will be absent due to vacation.
 He/she will be absent due to detention in jail or prison.

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 statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor."

DATE: _____ 20_____

Signature of Voter

Please return to: District Clerk, Brentwood UFSD, 52 Third Avenue, Brentwood, NY 11717