Saugerties Central School District 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.

I,	, being affirmed say:
I reside at	
years of age, a citizen of the United Stat	Central School District in that I am or will be, on such date, over eighteen es and have or will have resided in the district for thirty days next preceding ote in person on the day of the vote for which the absentee ballot is requested
	(Complete one of the following)
I am or will be on such day a part such day because of illness or part of the such day and such day a part of the such day as a such day because of illness or part of the such day as a	patient in a hospital, or unable to appear personally at the polling place on physical disability.
My duties, occupation, business on such day (choose one):	or studies will require me to be outside of the county or city of my residence
	tion, business or studies are of such a nature as ordinarily to require such of such duties, occupation, business or students shall be set forth:
	tion, business or studies are not of such a nature as to ordinarily require nust be given for the special circumstances to account for such absence:
	re on the day of the election. I expect that such vacation will begin on and end on
-	med place or places:
	Address
or self employed as a	Located at
☐ I will be absent from my voting	g residence because:
I am detained in jail awa	iting action by grand jury.
I am awaiting trial.	
I am confined in a prison	a after conviction for an offense other than a felony.

	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 acco	ompanying or being with my (check one) spouse,	
	parent, or child, who also resides i	in the school district and who is qualified to apply for an	
	absentee ballot 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 s	uch absence is not caused by the fact that his regular daily	
	place of business or studies is located outside suc	h county, or will be absent due to vacation, a	
	patient at a hospital, detained in jail,	confined due to illness or physical disability.	
		tled (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.			
		G' CY N 1	
Date	•	Signature of Voter or Mark	

Please feel free to drop off your application at the District Office OR you can mail it to the following address:

Saugerties Central School District Attn.: District Clerk Call Box A 310 Washington Avenue Ext. Saugerties, NY 12477