APPLICATION FOR ABSENTEE BALLOT
CITY SCHOOL DISTRICT OF THE CITY OF CORNING
Section 2018A - Education Law

School Election District _____ Reg. Number _____

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.

_____

RETURN TO DISTRICT CLERK
165 Charles Street, Painted Post, NY 14870

I,_____ do affirm that I reside at:

_____
(street number, or rural delivery route (if any) post office and zip code)

I am a qualified voter of the City School District of the City of Corning. I will be over eighteen years of age, a citizen of the United States, and have or will have resided in the District for thirty (30) days next preceding the 16th day of May, 2017, the date of the election; that I am registered in the District and that 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 such day (check and complete the applicable reason in detail).

A. ☐ **A Patient in a Hospital or Confined to Home due to Illness or Physical Disability:**
I will be unable to appear personally at the polling place of the Election District in which I am a registered voter on Election Day because of my __Illness or __Physical Disability and will be confined at ___home or in the __hospital located at _____
_____

B. ☐ **Required by Duties, Occupation, or Business to be Absent:**
I expect in good faith to be absent from the City School District of the City of Corning, County of Schuyler, Chemung, or Steuben, (Circle One) State of New York, on Election Day, because my duties, occupation or business require such absence.

Briefly describe such duties, occupation or business:_____
_____

C. ☐ **On Vacation:**
I expect in good faith to be absent from the City School District of the City of Corning, County of Schuyler, Chemung, or Steuben, (Circle One) State of New York, on Board of Education Election Day because of vacation. Such vacation will begin on _____ and end on _____.
(Date) (Date)

Such vacation is to be spent at _____

D. ☐ **Due to detention or confinement to jail (Check One):**

_____ I presently will be detained awaiting action of the Grand Jury

OR

_____ I will be confined after conviction for an offense other than a felony.

E. ☐ **Due to accompanying a spouse, child or parent because of duties, occupation or business:**

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 the (check one) ___spouse, ___parent, __or child of, and reside in the same household with a person qualified to apply for the right to vote by absentee ballot and resides at: _____

_____

(**street number, town, rural delivery route, if any, post office and zip code)**

and that such a person (check one) ____will be absent from the county of his/her residence due to his/her duties, occupation, business or studies and such absence is not caused by the fact that his/her regular daily place of business or studies 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) ___has ___has not applied for an absentee ballot.

APPLICANT MUST SIGN BELOW AND RETURN TO THE DISTRICT CLERK AT
165 CHARLES STREET ☐ PAINTED POST ☐ NY 14870

I hereby declare 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:**_____

Date of Birth:_____

Mail my Absentee Ballot to address below <u>if different than Residence Address</u>:

_____
Name

_____
Address

_____

_____