

ABSENTEE BALLOT APPLICATION

Grand Island Central School District

DISTRICT CLERK • 1100 Ransom Road • Grand Island, New York 14072

*** ALL APPLICANTS MUST COMPLETE THE FOLLOWING ***

I AM REQUESTING AN ABSENTEE BALLOT FOR _____ (DATE)

Applicant's Name _____
LAST FIRST INITIAL DATE OF BIRTH

Home Address _____

Town of _____ ZIP CODE

MAIL BALLOT TO THIS ADDRESS	Name _____
	Address _____
	TOWN STATE ZIP CODE

* I am a qualified voter of the Grand Island School District in that I am, or will be on the date of the election referenced above, over 18 years of age, a citizen of the United States and have or will have resided in the Grand Island Central School District for 30 days preceding the election date.*

I qualify for voting by Absentee Ballot because I will be absent from the County or Town on the day of the election and/or unable to appear and vote in person for one of the following reasons:

Please check column on left and complete right-hand column as to reason for your absence.

- | | |
|---|---|
| _____ 1. Duties, Occupation or business outside of County/Town | <i>ALSO, STATE THE DATES AND REASONS OF SUCH ABSENCE</i> |
| _____ 2. Vacation outside of County/Town | Reason _____ |
| _____ 3. Patient in hospital | _____ |
| _____ 4. Unable to appear personally at the polling place on such day because of illness or physical disability | Location _____ |
| _____ 5a. I will be detained in jail for an offense other than a felony or awaiting trial or grand jury action | From _____ To _____ |
| _____ 5b. I will be confined in prison after conviction for an offense other than a felony. | Applies to #2 only: Name and address of employer (if self-employed, so state) _____ |
| _____ 6. Absence from the school district on the day of election by reason of accompanying or being with a spouse, child or parent who is an eligible school district voter and is eligible for an absentee ballot due to one of the above or below listed reasons. | beginning date of vacation _____
ending date of vacation _____ |

_____ 7. I am confined due to permanent illness or disability (statement below must be completed)

ONLY FOR PERMANENT ILLNESS OR DISABILITY

I am hereby applying for an absentee ballot because of the following reason: _____

(State nature of illness or disability) _____

I am permanently confined at _____
(name and address of institution or residence if confined to home)

NOTE: Permanent illness or disability qualifies you for an absentee ballot to be mailed to you for future elections, without making further application.

***** APPLICANTS MUST SIGN BELOW *****

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)

_____ (signature of applicant)

Applications must be signed and received by the District Clerk/designee NOT LATER THAN 5:00 PM seven (7) days before the election if the ballot is to be mailed or one (1) day before the election if the ballot is to be issued to the voter in person.

FOR OFFICE USE ONLY (District Clerk fills out this box)	
Application sent (taken) _____	Ballot sent (taken) _____
Application received _____	Ballot received _____
	Ballot voted in office _____