

**APPLICATION FOR ABSENTEE BALLOT**  
Pursuant to Sections 2018-a and 2018-b of the Education Law

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Village / Town / City	State	Zip
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I am or will be on the day of the school district election, a qualified voter of the Schoharie Central School District, am over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty (30) days preceding the date of election.

Date of election or vote for which absentee ballot is requested:           **MAY 16, 2017**          

I will be unable to appear to vote in person on the day of the school district election/vote for which the absentee ballot is requested because I am, or will be on such day (check one):

a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability;

because of my duties, occupation, business or studies, I will be required to be outside the county or city of residence on such day. (Provide a brief description of such duties, occupation or business. Where such duties, occupation or business are not of such a nature as ordinarily to require such absence, please state the special circumstances or account of which absence is required):

\_\_\_\_\_

because I will be on vacation outside the county or city of residence on such day (please state the dates upon which you expect to begin and end such vacation, the place or places where you expect to be on such vacation, the name and address of your employer, if any, and if self-employed, a statement to that effect):

\_\_\_\_\_

because I will be absent from my voting residence as I am or will be detained in jail awaiting action by a grand jury, awaiting trial or confined in prison after conviction for an offense other than a felony. (Please state whether you are detained awaiting action of the grand jury or are confined after conviction for an offense other than a felony):

\_\_\_\_\_

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 ballot, I shall be guilty of a misdemeanor.

\_\_\_\_\_

Date	Signature of Voter
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Please return to:           Debra Cardella, District Clerk  
                                  Schoharie Central School District  
                                  P.O. Box 430 / 136 Academy Drive  
                                  Schoharie, New York 12157

Note: This request must be received by the District Clerk at least seven (7) days before the election, if the ballot is to be mailed to the requested, or the day before the election, if the ballot is to be delivered personally.