

CAZENOVIA CENTRAL SCHOOL DISTRICT

ABSENTEE BALLOT APPLICATION

New York State Education Law Section 2018-b

(check one)

- () Due to Duties, Occupation, Business, Studies or Vacation
() Due to Illness or Physical Disability
() Due to Permanent Illness or Permanent Disability (See Reverse Side for Instructions)

Permanent Address

Mailing Address If Different than Permanent

Form with fields for Name and Address for both Permanent and Mailing addresses.

(Village/Town/City) (State) (Zip) (Village/Town/City) (State) (Zip)

_____, an applicant for an absentee ballot, states as follows:
(print or type name)

I am/will be a qualified voter of the Cazenovia Central School District on December 14, 2006
(date of vote)

I am will be eighteen years of age as of the date of the vote and am a citizen of the United States of America.
I have/will have resided in the Cazenovia Central School District for thirty (30) days preceding the date of the vote.
I know of no reason why I am not qualified to vote.

DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION

I expect in good faith to be absent from the Cazenovia Central School District, State of New York, on the above date of vote because my duties, occupation, business, studies or vacation require me to be elsewhere as follows:

- 1. Explain briefly your position and nature of duties, occupation, studies or business requiring such absence and give dates when you expect to begin and end your absence:
2. Place or places where you expect to be on business, studies or on vacation
3. Name of employer, if any
4. Address of employer
5. If this application is based by reason of accompanying your spouse, child or parent: would such spouse, child or parent, if a qualified voter, be entitled to apply for the right to vote by absentee ballot?
6. If this application is based by reason of being or expecting to be an inmate or patient of a Veterans Admin. Hospital, give name and address of hospital.
7. If application is based on confinement pending trial in a criminal proceeding or for conviction of a crime or offense other than a felony, give particulars.

DUE TO ILLNESS OR PHYSICAL DISABILITY

I certify that I have been advised by my medical practitioner or Christian Science practitioner:

(Name and address of medical practitioner or Christian Science practitioner)

that I will be unable to appear personally at the polling place on the day of the vote because of my () illness () physical disability and will be confined () at home, in a () hospital. If hospital confinement is expected, state name and address of hospital. (check appropriate boxes)

(Name of Hospital)

(Address of Hospital)

DUE TO PERMANENT ILLNESS OR PERMANENT DISABILITY

() I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future elections without my making further application. The nature of my permanent illness or disability is _____

APPLICANT 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 Voter _____

(If applicant is unable to sign application because of illness or physical disability, the following statement must be executed): By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have received assistance in making, my mark in lieu of my signature.)

Date _____ Mark _____

Name of Voter

I, the undersigned, hereby certify that the above named voter affixed his mark to this application in my presence and I know him to be the person who affixed his mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

witness to mark) (Signature of witness to mark) _____ (Address of

INSTRUCTIONS TO ABSENTEE VOTERS

1. Applicants must fill out in full the Statement on the front and back side of this form and personally sign it(unless physically unable to do so).
2. Mail or deliver this application to the office of the District Clerk, 31 Emory Avenue, Cazenovia, N.Y. 13035-1098, not later than 4:00 pm on December 7, 2006 in order to receive the Absentee Ballot by mail.
3. Any qualified voter who may be unavoidably absent on the day of election may deliver application IN PERSON to the office of the District Clerk no later than the day preceding such vote (by 4:00 pm December 13, 2006).
4. Unless you have applied for an absentee ballot as a permanently disabled person, this application is good only for the vote to which it specifically pertains. You must, unless permanently disabled, renew your application *foreach* vote if you are still eligible to vote absentee.
5. A list of all persons to whom absentee ballots have been issued shall be available in the office of the District Clerk until the day of the vote.