

**APPLICATION FOR ABSENTEE BALLOT
PORT JERVIS CITY SCHOOL DISTRICT**

Please print all information.

Return application to:

School District Clerk
Port Jervis City School District
9 Thompson Street
Port Jervis, NY 12771

Application must be received by the School 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.

NAME OF VOTER:	
Legal Residence Address:	Mail Ballot to this Address:

I _____, am or will be, on the day of the school election, a qualified voter of the Port Jervis City School District, am over 18 years of age, a citizen of the United States, and have or will have resided in the district for 30 days preceding the date of election.

Date of election for which ballot is requested: _____

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 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 my duties, occupation, business or studies, require me to be outside the county or city of residence on such day. (Briefly explain the duties, occupation or business that require such absence and give dates when you expect to begin and end your absence).

OVER

**APPLICATION FOR ABSENTEE BALLOT
PAGE 2**

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 because I expect to remain detained/confined in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony.

because I will be accompanying my spouse/child/parent who falls within one of the foregoing categories. (Please state name, address and relationship of person referred to in this paragraph.)

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 Applicant