

**ELDRED CENTRAL SCHOOL DISTRICT  
APPLICATION FOR ABSENTEE BALLOT**

**INSTRUCTIONS:**

1. Complete name, residence address including town or city.
2. Check the appropriate box specifying the reason for this application.
3. Complete the appropriate section, as well as section E.
4. Remember to sign the application.
5. This 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.

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\_\_\_\_\_, an applicant for an Absentee Ballot, states that:  
(Print or Type Name)

I reside at \_\_\_\_\_  
(Street, number, town and zip code – PO Box)

I am a qualified voter of the Eldred School District in which I reside in that: *Please check (✓) all that apply:*

- I am or will be on such date, over 18 years of age; and
- I am a citizen of the United States; and
- I have or will have resided in the district for thirty days next preceding such date; and
- I am registered in the district.

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**THE REASON I AM REQUESTING AN ABSENTEE APPLICATION:**

I will be unable to appear to vote in person on the day election due to: *Check (✓) ONE*

- Illness or physical disability or hospital patient ..... Complete Sections A & E
- Duties, occupation, business, studies or vacation ..... Complete Sections B & E
- Jail or prison ..... Complete Sections C & E
- Accompanying a spouse, parent, or child ..... Complete Sections D & E

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**A. ILLNESS OR PHYSICAL DISABILITY OR HOSPITAL PATIENT**

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

\_\_\_\_\_  
Name and address of hospital

≡ Go to Section E

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**B. DUTIES, OCCUPATION, BUSINESS, STUDIES OR VACATION**

I expect to be absent from my county or city of residence because my duties, occupation, studies or vacation require me to be elsewhere as follows:

1. Briefly explain your position and the nature of your duties, occupation, business, studies or vacation requiring such absence and give dates when you expect to begin and end your absence.

\_\_\_\_\_  
\_\_\_\_\_

2. If the nature of your duties, occupation, business or studies are **not** of such nature as ordinarily to require such absence, a statement must be given for the special circumstance to account for such absence.

\_\_\_\_\_  
\_\_\_\_\_

3. If vacation or studies, place or places where you expect to be on vacation or place of study.

4. If vacation, name and address of employer, if any.

\_\_\_\_\_  
(If self-employed or retired, so state)

≡ Go to Section E

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**C. JAIL OR PRISON** (Check (✓) appropriate boxes)

I will be absent from my county or city of residence because:

- I expect to remain detained/confined in jail/prison, awaiting action by a grand jury
- I am awaiting trial
- I am confined in a prison after conviction of an offense other than a felony.

≡ Go to Section E

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**D. ACCOMPANYING A SPOUSE, PARENT, OR CHILD** (Check (✓) appropriate boxes)

I expect to be absent from my county or city or town of residence because I will accompanying my:

spouse,  child, or  parent and reside in the same household with a person qualified to apply for an absentee ballot in that such a person:

- will be absent from the county of his residence due to his duties, occupation, business or studies and such absence is not caused by the fact that his regular daily place of business or studies is located outside such county.
- will be absent due to vacation
- a patient in 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.

≡ Go to Section E

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**E. ALL APPLICANTS MUST FILL OUT THE FOLLOWING:**

Delivery of ballot: (check (✓) ONE)

I will pick up the ballot in person at the district office.

Mail my ballot to me at the following address:

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**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 statements in the foregoing statement or application for absentee ballots, I shall be guilty of a misdemeanor.

Date: \_\_\_\_\_

Signature of Voter: \_\_\_\_\_

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**RETURN COMPLETED APPLICATIONS TO:**

District Clerk  
Eldred Central School District  
PO Box 249  
Eldred, NY 12732  
(845) 456-1100, EXT. 5128