



HARBORFIELDS CENTRAL SCHOOL DISTRICT

Application for Absentee Ballot

(For School District Elections, Budget Votes and Referenda)

PLEASE PRINT CLEARLY

This application must be received by the District Clerk at least seven (7) days before the vote if the ballot is to be mailed to the voter, or one (1) day before the vote if the ballot is to be delivered personally to the voter.

The undersigned declares that I am a qualified voter of the Harborfields Central School District in that:

- I am, or will be, on the date of the school district vote, over 18 years of age, a citizen of the United States and have, or will have, resided in the district for thirty (30) days next preceding such date.
- I am registered in the district.

Last Name or Surname	First Name	Middle Initial	Suffix
Street Address	City	State	Zip Code
_____/_____/_____	Phone Number (optional)		

I will be unable to appear in person to vote on the day of the school district vote; therefore, I am requesting an absentee ballot due to (check one reason):

- I am, or will be, a patient in a hospital, or unable to appear personally because of illness or physical disability.
- My duties, occupation, business or studies require me to be outside of the county or city of my residence on such day.
 - 1) Where such duties, occupation, business or studies are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business or studies shall be set forth (description):

 - 2) Where such duties, occupation, business or studies are not of such a nature as ordinarily to require such absence, a statement must be given for the special circumstances to account for such an absence.

Name of Employer / College: _____

Employer's Address / College Address: _____

or Self-Employed as a _____ Located at: _____

or Retired as of (Date): _____/_____/_____

I will be on vacation elsewhere on such day. I expect that such vacation will begin on: _____/_____/_____ and end on: _____/_____/_____ Destination: _____

- I will be absent from my voting residence because (check one)
- I am detained in jail awaiting action by a grand jury.
 - I am awaiting trial.
 - I am confined in a prison after conviction for an offense other than a felony.

_____ I am entitled to vote as an absentee voter in that I expect to be absent from the school district on the day of the school district vote by reason of accompanying or being with the (check one):

spouse

parent

child of, and reside in the same household with, a person qualified to apply in that such person (check one):

will be absent from the county of their residence due to their duties, occupation, business or studies and such absence is not caused by the fact that their regular daily place of business or studies is located outside such county, or

will be absent due to vacation

a patient at 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.

Voter Affirmation:

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.

Signature of Voter _____

Date _____

Instructions: Complete this application in its entirety, sign it, date it, and deliver it by mail or in person to:

**District Clerk
Harborfields Central School District
2 Oldfield Road
Greenlawn, NY 11740**

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