

Application for Absentee Ballot
Pursuant to Section 2018-b of the Education Law

Permanent Address

Mailing Address if Different than Permanent

Name: _____

Address: _____

(Number and Street)

(Number and Street)

(Village/Town/City)

(State)

(Zip)

(Village/Town/City)

(State)

(Zip)

I, _____, am or will be, on the day of the school district election, a qualified

(Please Print Full Name)

voter of the Homer Central School District, over 18 years of age, a citizen of the United States and have or will have resided in said District for 30 days preceding the date of election.

Date of Election/Vote for which absentee ballot is requested is ***Tuesday, May 16, 2023.***

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, physical disability or there is a risk of contracting or spreading a disease that may cause illness to the voter or to other members of the public;

_____ because of my duties, occupation, business or studies, I will be required to be outside the county or District of residence on such day. (Attach 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 District of residence on such day (please attach 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 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 attach a statement 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: _____

Date: _____

Signature of Witness: _____

Witness Name Printed: _____

Witness Address: _____

Witness Telephone Number: _____

Please Return To:

**Kelli Yacavone, District Clerk
Homer Central School District
P.O. Box 500/80 S. West Street
Homer, NY 13077**

IF THE BALLOT IS TO BE MAILED TO THE VOTER, APPLICATIONS FOR ABSENTEE BALLOTS MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN DAYS BEFORE THE VOTE.

(Monday, May 8, 2023 by 3:00 P.M.)

IF THE BALLOT IS TO BE DELIVERED PERSONALLY, THE APPLICATION MUST BE PICKED UP BY THE DAY BEFORE THE ELECTION. (Monday, May 15, 2023 by 3:00 P.M.)