## SACHEM CENTRAL SCHOOL DISTRICT OFFICE OF THE DISTRICT CLERK 51 SCHOOL STREET LAKE RONKONKOMA, NY 11779

## APPLICATION FOR ABSENTEE BALLOT FOR SCHOOL BUDGET VOTE AND ELECTION MAY 17, 2016

NAME (Please Print)	
ADDRESS	
ADDRESS TO WHICH BALLOT SHOULD BE MAILED	
The undersigned declares that he/she is, or will be, on the date of the school district election, May 17, 2016 a qualified voter of the school district, eighteen years of age, a citizen of the United States and has, or will have, resided in the school district for thirty (30) days next preceding such date, and is registered to vote. He/She will be unable to appear to vote in person on the day of the school district election for which the Absentee Ballot is required for the following reason:	
a.	I will be a patient in a hospital, or unable to appear personally at the polling place on May 17, 2016 because of illness or physical disability.
b.	Because duties, occupation or business will require me to be outside of the county or city of residence on May 17, 2016:
	Briefly describe nature of occupation/business:
c.	I will be on vacation outside the county or city of residence on May 17, 2016. Date vacation Begins:
d.	<pre>Will be absent from my voting residence because: 1.He/She is detained in jail awaiting action by a grand jury or</pre>
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:	
VOTER SIGNATURE:	

(This application MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (7) DAYS BEFORE THE ELECTION IF THE BALLOT IS TO BE MAILED TO THE VOTER; OR ONE (1) DAY BEFORE IF PERSONALLY DELIVERED TO THE VOTER.)