## **APPLICATION FOR ABSENTEE BALLOT**

## **NEWBURGH ENLARGED CITY SCHOOL DISTRICT**

Please print all information.

## Return application to:

Matthew McCoy, District Clerk Newburgh Enlarged City School District 124 Grand Street Newburgh, NY 12550

The completed application must be received by the District Clerk at least seven (7) days prior to the vote if the ballot is to be mailed or the day before the vote if the ballot will be picked up personally by the voter.

I,	, affirm the following information:				
<u>N</u>	AME OF VOTER				
	EGAL RESIDENCE ADDRESS treet	MAIL BA Street	LLOT TO THIS ADDRESS		
T	own/City	Town/Cit	У		
<u>s</u>	tate/Zip	State/Zip			
Sch	n or will be, on the day of the school district vool District, over 18 years of age, a citizen of thirty) days immediately preceding the dat	the United States	s, and have or will have resided in the district		
Date	e of vote/election for which ballot is requested	i: <u>May 21,</u>	<u>2019</u>		
	I be unable to appear to vote in person on the ot is requested because I am, or will be on su				
	a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability.				
	because of my duties, occupation, business or studies, I will be required to be outside the county or of residence on such day. (You must provide a brief description of such duties, occupation, business studies. Where such duties, occupation, business or studies are not of such a nature as ordinarily require such absence, please state the special circumstances which require such absence.)				
	(Brief Description)				
	upon which you expect to begin and end s	uch vacation, the	sidence on such day. (Please state the dates e place or places where you expect to be on y; if self-employed, a statement to that effect,		
	Vacation Dates (Begin/End)		Vacation Destination		
	(Name/Address Employer, Self-employed, or Retired	H)	(Date of Retirement)		

## **APPLICATION FOR ABSENTEE BALLOT**

Page 2

	by a grand jury, awaiting tria	I or confined in prise detained awaiting	ce because I am or will be detained in jail awaiting action after conviction for an offense other than a felog action of the grand jury or are confined after convict	ony.		
	entitled to apply for the right	to vote by absente	d/parent who is or would be, if s/he were a qualified vo ee ballot and I reside in the same household with so onship of person referred to in this paragraph).			
			nce from the county of his/her residence: due to dut nt in a hospital, detained in jail, confined due to illness			
	(Please also indicate whether or not the person through whom I claim to be entitled has or has not applied for an absentee ballot).					
	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			
	laimer: Absentee Ballot app original signature is required		on via fax or email is not acceptable. Application			
Offic	ee Use Only: Date Application	n Received				