

APPLICATION FOR ABSENTEE BALLOT

Revised Form

NOTE: This application must be RECEIVED by the District Clerk at no more than 30 and least seven days before the vote if the ballot is to be mailed to the voter, or the day before the vote if the ballot is to be picked up personally by the voter.

District Clerk
Harrison Central School District
50 Union Avenue
Harrison, New York 10528

I, _____, residing at

_____ certify that I am, or will be, on the day of the school district referendum a qualified voter of the Harrison Central School District. I am, or will be, on such date, over eighteen years of age, a citizen of the United States and have, or will have, resided in the district for thirty days preceding the date of the vote; I will be unable to appear to vote in person on the day of the school district vote for one of the following reasons:

Check and complete one of the following subdivisions:

- A. _____ I will be a patient in a hospital; or
_____ Because of illness or physical disability.

Briefly describe such illness or disability and list the name of your attending physician, if any. Fear of contracting or spreading the COVID-19 virus is a permissible reason under the illness category.

- B. _____ My duties, occupation, business, or studies will require me to be outside the county of my residence on such date.
Describe duties, occupation, business or studies:

OR

_____ My duties, occupation, or business do not ordinarily require my absence from the county of my residence; however, the special circumstances that require my absence on such date are as follows:

OVER→

C. _____ I will be on vacation outside my county of residence from _____
to _____ during which time I will be at the following place(s):

Name of Employer: _____

Address: _____

If self-employed, I am engaged in business of: _____

located at _____

D. _____ I will be detained in jail:

_____ 1. awaiting action by a Grand Jury

_____ 2. awaiting trial

_____ 3. after conviction for an offense other than a felony

E. _____ 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 election 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 a person

(check one)

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

Provide details: _____

The person through whom I claim to be so entitled (check one):

_____ has applied for an absentee ballot

_____ 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.***

Signature of Voter

Date