



WILLIAMSON CENTRAL SCHOOL

PO Box 900, Williamson, NY 14589-0900 phone: (315) 589-9661 fax: (315) 589-7611

APPLICATION FOR ABSENTEE BALLOT

PURSUANT TO SECTION 2018-B OF THE EDUCATION LAW

As of the Williamson Central School District election to be conducted on **May 21, 2024**, I will be on the day of the school district election, a qualified voter of the **WILLIAMSON CENTRAL SCHOOL DISTRICT**, will be over 18 years of age, a citizen of the United States and have or will have resided in the district for 30 days preceding the date of election.

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):

- 1. I will be a patient in a hospital, or unable to appear because of illness or physical disability.
- 2. My duties, occupation or business require me to be outside the county or city of residence on such day. (Provide 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); _____

- 3. I will be on vacation outside the county or city of residence on such day. I expect to begin vacation on _____ and end on _____.
I expect to spend my vacation at _____
The name and address of my employer is _____
If self-employed, or retired a statement to that effect _____
- 4. 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 state whether you are detained awaiting action of the grand jury or are confined after conviction for an offense other than a felony);

- 5. I am the spouse, parent or child of a qualified voter entitled to apply for an absentee ballot, and I expect to be absent from the school district on the day of the vote by reason of accompanying or being with my spouse, parent or child. (Please explain the basis for the spouse, parent or child's entitlement to apply 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 Voter

Please return to:
Office of the District Clerk
Williamson Central School District
PO Box 900
Williamson, NY 14589

Name (please print)

Residence Address

Approved: _____
Date: _____

Town State Zip