## EAST ISLIP UNION FREE SCHOOL DISTRICT Central Office Administration Building 1 Craig B. Gariepy Avenue, Islip Terrace, NY 11752

## $$\operatorname{MAY}\xspace$ 20, 2014 OFFICIAL APPLICATION FOR ABSENTEE BALLOT FOR VOTING

Name:	
Address:	
Address to which ballot should be mailed (if different from above):	
qualified vot have resided unable to app	aned declares that he/she is (or will be) on the date of the school district voting, May 20, 2014, a er of the school district, at least eighteen years of age, a citizen of the United States and has or will in the school district for thirty days preceding such date, and is registered to vote. He/she will be bear to vote in person on the day of the school district election for which the absentee ballot is the following reason:
a.	Will be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability.
b.	Because of duties, occupation or business will require him/her to be outside of the county or city of residence on such a day; Briefly describe nature of occupation or business:
	Special circumstances which require absence from county or city of residence on such a day:
	Name and address of employer:
	(If self-employed, so state)
c.	Will be on vacation outside the county or city of residence on such a day;  Vacations will begin and end:  Destination:
d.	Will be absent from his/her voting residence because:
understand th	are that the foregoing statement is a true statement to the best of my knowledge and belief, and I nat if I make any material false statement in the foregoing statement of application for absentee be guilty of a misdemeanor.
Signature of Voter Date	

This application must be received by the District Clerk at least 7 days before the election if the ballot is to be mailed to the voter, or 1 day if delivered personally to the voter.