No.	
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EAST ISLIP UNION FREE SCHOOL DISTRICT Central Office Administration Building 1 Craig B. Gariepy Ave., Islip Terrace, NY 11752

$MAY\ 21,\ 2013$ OFFICIAL APPLICATION FOR ABSENTEE BALLOT FOR VOTING

Name:	
Address:	
Address to which ballot should be mailed (if different from above):	
The undersigned declares that he/she is (or will be) on the date of the school qualified voter of the school district, at least 18 years of age, a citizen of the resided in the school district for 30 days preceding such date, and is regist appear to vote in person on the day of the school district election for which the following reason:	he United States and has or will have ered to vote. He/she will be unable to
a. Will be a patient in a hospital, or unable to appear personally because of illness or physical disability.	y at the polling place on such day
b. Because of duties, occupation or business will require him/h of residence on such a day; Briefly describe nature of occupation or business:	er to be outside of the county or city
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 o Vacations will begin and end:	•
Destination:	
d. Will be absent from his/her voting residence because: 1. He/she is detained in jail awaiting action by a game of the prison after conviction for the prison after conviction after the prison after conviction after the prison after conviction after the prison after the prison after conviction after the prison after the	
I hereby declare that the foregoing statement is a true statement to the best understand that if I make any material false statement in the foregoing state ballot, I shall 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.