

# Sagaponack Common School District

## Application for Absentee Ballot

PLEASE PRINT CLEARLY

c/o District Clerk, PO Box 1500, Sagaponack, New York 11962

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 the day before the election, if the ballot is to be delivered personally to the voter Any registered voter wishing to vote by absentee ballot must complete this form and personally sign it.

Name: \_\_\_\_\_  
First Name Middle Initial Last Name Telephone Number

Residence Address: \_\_\_\_\_  
Street Address (do not list P.O. Box) City State Zip Code

Mailing Address: \_\_\_\_\_  
(if different from above-list P.O. Box) City State Zip Code

**I am a qualified voter of the Sagaponack Common School District in which I reside because: (Check one box.)**

- I am registered in the district.
- I am or will be on date of the vote over 18 years of age, a citizen of the United States, and have or will have resided in the School District for thirty days preceding such date.

**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 box A, B, C, D, or E and complete the information following that box )**

- A. 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 my duties, occupation, business, or studies will require me to be outside of the county or city of my residence on such day (Check box 1 or 2 and complete the information.)**
  - 1. Where such duties, occupation, business, or studies are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business, or studies shall be set forth: \_\_\_\_\_
  - 2. Where such duties, occupation, business, or studies are not of such a nature as ordinarily to require such absence, a statement must be given for the special circumstances to account for such absence: \_\_\_\_\_

**C. I will be on vacation outside the county or city of my residence on such day:**  
Date of vacation will begin on \_\_\_\_\_ and end on \_\_\_\_\_  
and I will be at the following place(s) \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Address \_\_\_\_\_  
or self-employed as a \_\_\_\_\_ Located at \_\_\_\_\_  
or retired as of (date) \_\_\_\_\_

**D. I will be absent from my voting residence because (check one of the boxes below):**

- I am detained in jail awaiting action by grand jury.
- I am awaiting trial.
- I am confined in a prison 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, or  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/her duties, occupation, business, or studies and such absence is not caused by the fact that his/her regular daily place of business or studies is located outside such county, or  will be absent due to vacation,  a patient at a hospital, detained in jail, or  confined due to illness or physical disability. The person through whom I claim to be so entitled (check one)  has applied for an absentee ballot or  has not applied for an absentee ballot.**

**Deliver my absentee ballot to:**  Residence  Mailing Address  Other \_\_\_\_\_

**I HEREBY DECLARE THAT THE FOREGOING IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF I MAKE ANY MATERIAL FALSE STATEMENT IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.**

Signature of Voter or Mark: \_\_\_\_\_ Date: \_\_\_\_\_