

**OFFICE OF THE DISTRICT CLERK
HALF HOLLOW HILLS CENTRAL SCHOOL DISTRICT
525 HALF HOLLOW ROAD
DIX HILLS, NEW YORK 11746
(631) 592-3013**

**APPLICATION FOR ABSENTEE BALLOT FOR ANNUAL BUDGET VOTE AND ELECTION
MAY 15, 2018**

NAME (Please Print) _____

ADDRESS _____

ADDRESS TO WHICH BALLOT SHOULD BE MAILED _____

The undersigned declares that he/she is, or will be, on the date of the school district vote, May 15, 2018, a qualified voter of the school district, at least eighteen years of age, a citizen of the United States, has, or will have, resided in the school district for thirty (30) days next preceding such date, and is registered to vote. He/She will be unable to appear to vote in person on the day of the school district vote for which this Absentee Ballot is requested for the following reason:

A. I will be a patient in a hospital, or unable to appear personally at the polling place on May 15, 2018 because of illness or physical disability.

B. 1. Because duties, occupation, business or studies are of such a nature as ordinarily to require me to be outside of the county or city of residence on May 15, 2018:
Briefly describe nature of business:

2. Because duties, occupation, business or studies are not of such a nature as ordinarily to require me to be outside of the county or city of residence on May 15, 2018:
Briefly describe the special circumstances to account for such absence:

C. I will be on vacation outside the county or city of residence on May 15, 2018.

Date vacation begins: _____ Date vacation ends: _____ Destination: _____

Name and address of employer (please state if self-employed):

D. I will be absent from my voting residence because:

1. I am detained in jail awaiting action by a grand jury or awaiting trial; or,

2. I am confined to 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 May 15, 2018 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 or city of his residence due to his duties, occupation, business or studies and such absence is not caused by the fact that his regular daily place of business or studies is located outside such county or city, or is or will be a patient at a hospital as defined in "A" above, or is or will be confined due to illness or physical disability as defined in "A" above, or will be absent due to vacation as defined in "C" above, or is or will be detained in jail or awaiting trial or confined in prison as defined in "D" above.

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.

DATE: _____ VOTER SIGNATURE: _____

THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (7) DAYS BEFORE THE VOTE IF THE BALLOT IS TO BE MAILED TO THE VOTER; OR ONE (1) DAY BEFORE IF PERSONALLY DELIVERED TO THE VOTER.