

APPLICATION FOR ABSENTEE BALLOT
Clinton-Essex-Warren-Washington BOCES
Capital Project Referendum, December 11, 2018

Application must be received by the BOCES District Clerk at least 7 days before the vote if the ballot is to be mailed to the voter, or by 3:00 p.m. on December 10, 2018, if the ballot is to be picked up personally by or for the voter.

I _____, being affirmed say: I reside at _____

Street Number (if any) or town and rural delivery (if any)

I am a qualified voter of the Board of Cooperative Educational Services Sole Supervisory District Clinton-Essex-Warren-Washington Counties (Clinton-Essex-Warren-Washington BOCES) in which I reside, in that I am or will be on the date of the Capital Project Referendum, December 11, 2018, over 18 years of age, a citizen of the United States and have or will have resided within the Clinton-Essex-Warren-Washington BOCES for a period of thirty days next preceding the date of the vote.

I will be unable to appear to vote in person on the day of the Clinton-Essex-Warren-Washington BOCES Capital Project Referendum for which the absentee ballot is requested because I am or will be on such day:

The Reason I am Requesting an Absentee Application

In good faith I expect to be absent on Election Day due to:

- | | | |
|--------------|--|---------------------------|
| | <input type="checkbox"/> Illness or physical disability or hospital patient..... | complete Section A |
| <i>Check</i> | <input type="checkbox"/> Duties, occupation, business or studies..... | complete Section B |
| <i>Only</i> | <input type="checkbox"/> Being on Vacation..... | complete Section C |
| <i>ONE:</i> | <input type="checkbox"/> Jail or prison..... | complete Section D |
| | <input type="checkbox"/> Accompanying a spouse, parent, or child..... | complete Section E |

A. ILLNESS OR PHYSICAL DISABILITY OR HOSPITAL PATIENT

- A patient in a hospital or unable to appear personally at the polling place on such day because of illness or personal disability.
- My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application. The nature of my permanent illness or disability is: _____

B. DUTIES, OCCUPATION, BUSINESS, OR STUDIES

- I expect to be absent from my county of residence because of my duties, occupation, business or studies require me to be elsewhere as follows:
 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 below:

 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. VACATION

I expect to be absent from my county of residence because I will be on vacation elsewhere on such day.

I expect that such vacation will begin on _____ and end on _____

1. Place or places where you expect to be on vacation:

2. Name and address of employer:

3. Self-employed as and location:

4. Retired as of (date):

D. JAIL OR PRISON

I will be absent from my voting residence because:

I am detained in jail awaiting action by grand jury.

I am detained in jail awaiting trial.

I am confined in a prison after the conviction for an offense other than a felony.

E. ACCOMPANYING A SPOUSE, PARENT OR CHILD

I am entitled to vote as an absentee voter in that I am a qualified voter of the Clinton-Essex-Warren-Washington BOCES and expect to be absent from Clinton-Essex-Warren-Washington BOCES on the day of the Clinton-Essex-Warren-Washington BOCES Capital Project Referendum by reason of accompanying or being with my (check one):

spouse, parent, child, who is (or would be if an eligible voter) qualified to receive an absentee ballot for one of the reasons set forth above. The reason for absence on the day of the vote is: _____

The person through whom I am so entitled (check one):

has applied for an absentee ballot. (provide that person's name and address): _____

has not applied for an absentee ballot.

F. DELIVERY OF CAPITAL PROJECT BALLOT

Pick up in person in the District Clerk's office

Mail Ballot to me at: _____

I authorize _____ to pick up my ballot from District Clerk

[Name]

I HEREBY DELCARE 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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

Date

Signature of Voter or Mark

RETURN APPLICATIONS TO:

Meaghan Rabideau, District Clerk

Clinton-Essex-Warren-Washington BOCES

P.O. Box 455, 518 Rugar Street Plattsburgh, NY 12901