

VALLEY STREAM UFSD THIRTEEN

585 N. Corona Avenue
Valley Stream, NY 11580

APPLICATION FOR ABSENTEE BALLOT

Name of Applicant _____

Residence of Applicant _____

The above applicant for an absentee ballot states that he/she is or will be on the day of the next school district election, a qualified voter of Valley Stream UFSD Thirteen, over the age of 18 years, a citizen of the United States, and has or will have resided in the district for 30 days preceding the date of such election.

The above applicant further states that he/she is registered to vote in the district, but 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 he/she is, or will be on such day:

(Please check the applicable line)

- 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. Outside of Nassau County due to business, duties, or studies;
C. On vacation outside of Nassau County;
D.1 Detained in jail awaiting action by a grand jury or awaiting trial; or
D.2 Confined in prison after conviction for an offense other than a felony.

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 _____ Signature of Voter _____

I wish the absentee ballot to be mailed to me at the address below (Please print):

Name: _____

Address: _____

IMPORTANT: This absentee ballot application should be received by the district clerk approximately 10 days before the election if mailing is involved (Education Law states at least 7 days before the election). This will allow time for the district clerk to mail the absentee ballot to the voter, and for the voter to vote and mail the completed ballot back to the district clerk. The ballot must be received by 5 p.m. on the day of the election May 16, 2017.

PLEASE RETURN THIS APPLICATION TO THE ABOVE ADDRESS.