

Valley Stream Union Free School District Thirteen

Absentee Ballot Application

The completed application for an absentee ballot may be submitted by mail to the District Clerk, MaryAnn Rosamila, 585 N. Corona Avenue, Valley Stream, New York 11580 or by email at mrosamilia@valleystream13.com. All voters who seek an absentee ballot are encouraged to submit their application as soon as possible. Applications for absentee ballots which are to be mailed to the voter must be received no later than seven (7) days before the elections and applications for absentee ballots that are to be personally delivered to the voter must be received no later than the day before the election.

1/	<p>I am requesting, in good faith, an absentee ballot due to (check one reason):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> absence from county on election day <input type="checkbox"/> temporary illness or physical disability <input type="checkbox"/> permanent illness or physical disability <input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital <input type="checkbox"/> detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony </td> </tr> </table>	<input type="checkbox"/> absence from county on election day <input type="checkbox"/> temporary illness or physical disability <input type="checkbox"/> permanent illness or physical disability <input type="checkbox"/> duties related to primary care of one or more individuals who are ill or physically disabled	<input type="checkbox"/> resident or patient of a Veterans Health Administration Hospital <input type="checkbox"/> detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense which was not a felony
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2/	<p>Absentee ballot(s) requested for the following election(s):</p> <input type="checkbox"/> Annual School District Meeting and Election <input type="checkbox"/> Special School District Meeting
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3/	last name or surname	first name	middle initial	suffix
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4/	date of birth MM/DD/YYYY	county where you live	phone number (optional)	email (optional)
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5/	address where you live (residence) street	apt	city	state	zip code
					NY

6/	<p>Delivery of Absentee Ballot (check one) <input type="checkbox"/> Deliver to me in person at the Office of the District Clerk</p> <input type="checkbox"/> I authorize (give name) _____ to pick up my ballot at the Office of the District Clerk <input type="checkbox"/> Mail ballot to me at: (mailing address) _____ <small>street no/ street name apt/ city state zip code</small>
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Applicant Must Sign Below

7/	<p>I hereby certify that I am a qualified and registered voter. 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 false statement in the foregoing statement of application for absentee ballots, I shall be guilty of a misdemeanor.</p> <p>Sign Here: X _____ Date ___/___/___ <small>MM/DD/YYYY</small></p>
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If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read/ I have made, or have the assistance in making, my mark in lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date ___/___/___ Name of Voter: _____ Mark: _____
MM/DD/YYYY

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand that this statement will be accepted for all purposes as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

 (address of witness to mark)