



POCANTICO HILLS CENTRAL SCHOOL DISTRICT
599 Bedford Road, Sleepy Hollow, NY 10591

APPLICATION FOR ABSENTEE BALLOT
(PLEASE PRINT CLEARLY)

Name: _____

Residence Address (mandatory): _____

Mailing Address (if different from Residence Address): _____

In order to receive an absentee ballot, you must complete the following:

1. I am or will be, on the day of the school district vote, a qualified voter of the Pocantico Hills Central School District.

(Check One) YES _____ NO _____

2. I am or will be, on the day of the school district vote, over eighteen years of age, a citizen of the United States and will have resided in the school district for thirty (30) days preceding the date of the vote.

(Check One) YES _____ NO _____

3. I am a registered voter of the district.

(Check One) YES _____ NO _____

4. I will be unable to appear to vote in person on the day of the school district vote for which the absentee ballot is requested because:

a. _____ I will be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability; or

b. _____ My duties, occupation, or business will require me to be outside of the county of my residence on such day; or

c. _____ I will be on vacation outside of the county of my residence on such day; or

d. _____ I will be absent from my voting residence because I will be detained in jail awaiting action by a grand jury or awaiting trial; or

- e. ____ I will be confined in prison after conviction for an offense other than a felony; or
- f. ____ My studies will require me to be outside of the county of my residence on such day. (I am not a registered voter in the state and/or county of my college or university.)

5. If you have checked 4b above, please complete (a) or (b) below.

- a. If your duties, occupation, or business are of such a nature as ordinarily require such absence, please give a brief description of such duties, occupation or business:

- b. If your duties, occupation, or business are not of such a nature as ordinarily require such absence, please indicate the special circumstances on account of which such absence is required.

6. If you have checked 4c above, please complete the following:

- a. Date you expect to begin your vacation _____
- b. Date you expect to end your vacation _____
- c. Place or places you will be on your vacation _____
- d. Name of Employer _____
Address of Employer _____

7. If you have checked 4f above, please complete the following:

School Address where ballot is to be sent _____

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and 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 _____

This application must be received by the District Clerk at least seven (7) days prior to the vote if the ballot is to be mailed to the voter; OR the day before the vote if the ballot is to be delivered personally to the voter at the District Clerk’s Office.

Return to: Gina L. Downes, District Clerk
 Pocantico Hills CSD
 599 Bedford Road, Sleepy Hollow, NY 10591

