

**APPLICATION FOR ABSENTEE BALLOT
SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT
ELECTION TO BE HELD ON TUESDAY, MAY 16, 2017**

1. Name _____ *Mailing Address for Ballot (if different):*
Resident Address:

2. I am or will be on the day of the school district election a qualified voter of the school district in which I reside and I am over eighteen (18) years of age and a citizen of the United States and will or have resided in the district for at least thirty (30) days preceding the date of the election.

3. I will be unable to appear to vote in person the day of the school district election for which the absentee ballot is requested (circle the appropriate choice):

a. Because I am a patient in a hospital or unable to personally appear at the polling place on such day because of illness or physical disability.

b. Because my duties, occupation or business will require me to be outside of the county of my residence on such day. Give a brief description of such duties, occupation or business.

c. Because I will be on vacation outside the county of my residence on such day. Give dates when vacation begins and ends and place where you expect to be on such vacation.

d. Because I am detained in jail awaiting action by a grand jury or awaiting trial or am confined in prison after conviction for an offense other than a felony. State whether you are awaiting grand jury action or confined 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. I understand that if I make any material false statement in the foregoing statement of application for an absentee ballot, I shall be guilty of a misdemeanor.

Date: _____ Signature of Voter: _____

Mail to: Ms. Nynette Adams, District Clerk
Southern Cayuga Central School
2384 Route 34B
Aurora NY 13026