

Ravena-Coeymans-Selkirk Central School District

15 Mountain Road, P.O. Box 100
Ravena, NY 12143

APPLICATION FOR ABSENTEE BALLOT

Education Law Section 2018-b

Applicant's Name (please print clearly)

Permanent Address _____

Number and street

Town

State

Zip Code

On the day of the school district election, I am or will be a qualified voter of the Ravena-Coeymans-Selkirk Central School District: 18 years of age or older, a citizen of the United States, and have or will have resided in the district for at least 30 days. Yes _____ No _____

I will be unable to appear to vote in person that day because:

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

_____ My duties, occupation, business, or studies require me to be outside of my county or town of residence on the day of the election.

a.) Please explain briefly your position and the nature of duties, occupation, business, or studies requiring such an absence: _____

b.) My duties, occupation, business, or studies are not of such a nature as to ordinarily require such an absence. Please state the circumstances in which an absence is required: _____

_____ I will be on vacation outside my county or residence on the date of the vote.

a.) Place or places I expect to be on vacation: _____

b.) Dates when vacation is expected to begin and end: _____

c.) Name and address of employer, if any (if self-employed, please state):

_____ I will be absent from my voting residence because I am or will be detained in jail

_____ a.) Awaiting action of a grand jury

_____ b.) Awaiting trial

_____ c.) Confined in prison after conviction for an offense other than a felony

I will be accompanying my spouse/child/parent who is or would be, if he were a qualified voter, entitled to apply for the right to vote by absentee ballot. Please state name, address, and relationship of person referred to in this paragraph:

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

Please return to:

Business Office
Ravena-Coeymans-Selkirk Central School District
15 Mountain Road
Ravena, NY 12143

An official ballot will be mailed to your permanent address, unless otherwise indicated below, within five days following receipt of this application.

Please mail ballot to: Permanent address listed on page 1 _____

Temporary Address: _____
