Lake Shore Central Schools
(Evans Brant Central School District)

Application must be received by the **District Clerk** *at least 7 days before the election* (May 14, 2019) if the ballot is to be mailed to the voter, or *the day before the election* if the ballot is to be delivered personally to the voter.

Application for Absentee Ballot

Name: _____   Phone: _____

Address where you live (residence): _____

I am a qualified voter of the School District in which I reside in that:

[ ] I am or will be on such date, 18 years of age or older; a citizen of the United States; a resident within the District for a period of thirty (30) days preceding the election, and I am not otherwise prohibited from voting pursuant to Election Law Section 5-106.

*I will be unable to appear to vote in person on the day of the School District election and am requesting an absentee ballot because: (please select and complete **one** of the following options)*

[ ] I will be on vacation on the date of the election.

I expect that such vacation will begin on _____ and end on _____ and will be at the following named place or places _____ .
Name of Employer: _____ Address: _____ *or*
self-employed as a _____ located at _____ *or*
retired as of _____ (date).

IF the ballot is to be mailed to your vacation location, please include address:
_____

[ ] My duties, occupation, business or studies will require me to be outside of the county or city of my residence on the date of the election.

Where such duties, occupation, business or studies are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business or studies shall be set forth:
_____
_____

Where such duties, occupation, business or studies are not of such a nature as ordinarily to require such absence, a statement must be given for the special circumstances to account for such absence:
_____
_____

[ ] I am or will be a patient in a hospital or unable to appear personally at the polling place because of illness or physical disability.

[ ] I am entitled to vote as an absentee voter in that I expect to be absent from the School District on the day of the School District election by reason of accompanying or being with my (check one) ☐ spouse, ☐ parent, ☐ or child, with whom I reside in the same household, and whom is qualified to apply in that such a person (check one) ☐ will be absent from the county of his/her residence due to his/her duties, occupation, business or studies and such absence is not caused by the fact that his/her regular daily place of business or studies is located outside such county, or ☐ will be absent due to vacation, ☐ a patient at a hospital, ☐ detained in jail, ☐ confined due to illness or physical disability.

The person through whom I claim to be so entitled (check one) ☐ has ☐ has not applied for an absentee ballot.

[ ] I will be absent from my voting residence because:

☐ I am detained in jail/prison awaiting action of the grand jury; or
☐ I am awaiting trial; or
☐ I am confined to prison after conviction for an offense other than a felony.

Signature Required on Back ➔

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 ballots, I shall be guilty of a misdemeanor.

Date:_____   Signature of Voter:_____

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:_____

I, the undersigned, hereby certify that the above named voter affixed his/her mark to this application in my presence and I know him/her to be the person who affixed his/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.

Signature of Witness of Mark:_____   Address:_____

Return Application to: **Kristine DeMartino, District Clerk**
                               Lake Shore Central Schools, 959 Beach Road, Angola, NY 14006