

**ABSENTEE BALLOT APPLICATION
CLARENCE CENTRAL SCHOOL DISTRICT
9625 MAIN ST., CLARENCE, NY 14031
DISTRICT CAPITAL PROJECT VOTE DECEMBER 3, 2019**

“I am requesting an absentee ballot for the December 3, 2019 vote. I am a qualified voter of the Clarence Central School District in that I am, or will be on the date of the vote referenced above, at least 18 years of age, a citizen of the United States and have or will have resided in the District for 30 days preceding the vote date.”

1. Applicant's Name: _____
(Please Print) Last First MI

2. (A) Home Address: _____

2. (B) Address where ballot should be mailed to: (if different from above)

3. Telephone #: _____

4. "I qualify for voting by Absentee Ballot because I will be unable to appear to vote in person on the day of the vote for one of the following reasons:"

CHECK THE APPROPRIATE REASON

- _____ Illness or physical disability (Temporary _____ Permanent _____)
- _____ Business or study responsibilities which require travel outside of the county or city of residence on the day of the election
- _____ Vacation outside of the county or city of residence
- _____ Detention or confinement to jail

5. "I hearby 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."

APPLICANTS MUST SIGN BELOW

(Date)

(Signature or Mark of Applicant)

(Signature of Witness/Required if Applicant does not sign their own name)

Applications must be signed and received by the District Clerk or designee NOT LATER THAN 4:00 PM on November 26, 2019 if the ballot is to be mailed or one (1) day before the vote if the ballot is to be picked up by the VOTER.