The Rye City School District Board of Education
ABSENTEE BALLOT APPLICATION

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

NAME: _____
LAST FIRST INITIAL

HOME ADDRESS: _____

MAIL BALLOT TO ABOVE ADDRESS (*CHECK IF YES*)
OR MAIL TO THIS ADDRESS: NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

I am a registered voter and I know of no reason that I would not be qualified to vote. I will be absent from the City of Rye on the day of voting which is May 21, 2013, for one of the following reasons:

- ☐ Duties, Occupation & Business
- ☐ Vacation
- ☐ Education
- ☐ Temporary Illness (Home)
- ☐ Temporary Illness (Hospital)
- ☐ I will be detained for an offense other than a felony or awaiting trial. Give Particulars:

_____

State Dates and Reasons

Reason: _____

Location: _____

From: _____ To: _____

Name of Doctor: _____

Name of Hospital: _____

☐ I am permanently confined. (STATEMENT BELOW MUST BE COMPLETED)

STATEMENT OF PERMANENT DISABILITY OR CONFINEMENT

I hereby certify that such illness or disability is permanent and request that Absentee Ballots be mailed to me for future voting without my making further application. The nature of my permanent illness or disability is _____

APPLICANT FOR ABSENTEE BALLOT MUST SIGN BELOW

I certify that the information in this application is true and correct and understand that this application 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.

Date: _____ Signature of Voter: _____

(see reverse side)

INSTRUCTIONS TO ABSENTEE VOTERS

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. I have made, or have received assistance in making my mark in lieu of my signature.

Date: _____ Name of Voter: _____ Mark

I, the undersigned, hereby certify that the above-named voter affixed his make to this application in my presence and I know this person who affixed the 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 to mark _____ Address of witness to mark

1. All registered voters must personally fill out in full the Affidavit on the reverse side and sign it (unless physically unable to do so).

2. Applications for absentee ballots must be received by the Rye City School District District Clerk or Board of Registrars at least seven days (by May 14, 2013) before the vote if the ballot is to be mailed to the voter by the school district, or by the day before the vote (May 20, 2013), if the ballot is to be delivered personally to the voter. These regulations are according to New York State Education Law, Section 2018-a.

3. An absentee ballot must be received at the Rye City School District Central Administration Office, 411 Theodore Fremd Avenue, Suite 100S, Rye, NY 10580 by 5 PM, Tuesday, May 21, 2013 in order to be valid.

For Office Use Only:

Date Ballot Sent: _____ By: _____
(initials)

Date Name added to Absentee Ballot List: _____ By: _____
(initials)