

No. _____

EAST ISLIP UNION FREE SCHOOL DISTRICT
Central Office Administration Building
1 Craig B. Gariepy Avenue, Islip Terrace, NY 11752

MAY 15, 2018

OFFICIAL APPLICATION FOR ABSENTEE BALLOT FOR VOTING

Name: _____

Address: _____

Address to which ballot should be mailed (if different from above):

The undersigned declares that he/she is (or will be) on the date of the school district voting, May 15, 2018, a qualified voter of the school district, at least eighteen years of age, a citizen of the United States and has or will have resided in the school district for thirty days preceding such date, and is registered to vote. He/she will be unable to appear to vote in person on the day of the school district election for which the absentee ballot is requested for the following reason:

- _____ a. Will be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability.
- _____ b. Because of duties, occupation or business will require him/her to be outside of the county or city of residence on such a day;
Briefly describe nature of occupation or business:

Special circumstances which require absence from county or city of residence on such a day:

Name and address of employer:

(If self-employed, so state) _____

- _____ c. Will be on vacation outside the county or city of residence on such a day;
Vacations will begin and end: _____
Destination: _____

- _____ d. Will be absent from his/her voting residence because:
1. He/she is detained in jail awaiting action by a grand jury or awaiting trial.
 - 2.