HARTFORD CENTRAL SCHOOL DISTRICT

Hartford. NY 12838

REQUEST FOR ABSENTEE BALLOT

NAME
ADDRESS
I do declare that I am, or will be, as of a qualified voter of the school district by meeting the following qualifications; 18 years of age and a citizen of the United States.
I do declare that I will be unable to appear to vote in person on the day of the school district election because on such day I will:
Check one
Be a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability.
My duties, occupation, business or school studies will require me to be outside of the country or school district of my residence on Election Day.
If these duties, occupation, business or school studies are of a nature to ordinarily require such absence please provide a brief description of such.
If these duties are not of a nature or ordinarily require such absence, please describe the special circumstances to account for the absence.
Be on a vacation outside of the country or school district of my residence on such a day.
BEGINNING DATE OF VACATION
ENDING DATE OF VACATION
PLACE OR PLACES OF VACATION
NAME AND ADDRESS OF PRESENT EMPLOYER (IF SELF-EMPLOYED, PLEASE STATE SUCH)

	ig or residence because of being detained in jail awaiting action by ifter conviction for an offense other than a felony.
PLACE OR DETAINM	ENT OR CONFINEMENT
NAME AND ADDRESS STATE SUCH).	S OF PRESENT EMPLOYER (IF SELF-EMPLOYED, PLEASE
understand that if I make any materia	a true statement to the best of my knowledge and belief, and I al false statement of application for absentee ballots, I shall be
guilty of a misdemeanor. Date	Signature of Voter

NOTE: This request must be received by the District Clerk at least seven (7) days before the election if the ballot is to be mailed to the requestor, or the day before the election, if the ballot is to be delivered personally.