HASTINGS-ON-HUDSON UFSD
27 Farragut Avenue, Hastings-on-Hudson, NY 10706

APPLICATION FOR ABSENTEE BALLOT

Name:  ____________________________________________________________  
(PLEASE PRINT)

Residence Address (mandatory):  ____________________________________________

Mailing Address (if different from Residence Address):  ____________________________

In order to receive an absentee ballot, you must complete the following:

1. I am or will be, on the day of the school district vote, a qualified voter of the Hastings-on-Hudson Union Free School District.

   (Check One)  YES________    NO________

2. I am or will be, on the day of the school district vote, over eighteen years of age, a citizen of the United States and will have resided in the school district for thirty days next preceding the date of the vote.

   (Check One)  YES________    NO________

3. I am a registered voter of the district.

   (Check One)  YES________    NO________

4. I will be unable to appear to vote in person on the day of the school district vote for which the absentee ballot is requested because:

   a. I 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; or

   b. My duties, occupation, or business will require me to be outside of the county of my residence on such day; or

   c. I will be on vacation outside of the county of my residence on such day; or

   d. I will be absent from my voting residence because I will be detained in jail awaiting action by a grand jury or awaiting trial; or

   e. I will be confined in prison after conviction for an offense other than a felony; or

   f. My studies will require me to be outside of the county of my residence on such day. (I am not a registered voter in the state and/or county of my college or university.)
5. If you have checked 4b. above, please complete (a) or (b) below.

a. If your duties, occupation, or business are of such a nature as ordinarily require such absence, please give a brief description of such duties, occupation or business:

____________________________________________________________________________________
____________________________________________________________________________________

b. If your duties, occupation, or business are not of such a nature as ordinarily require such absence, please indicate the special circumstances on account of which such absence is required.

____________________________________________________________________________________
____________________________________________________________________________________

6. If you have checked 4c above, please complete the following:

a. Date you expect to begin your vacation_________________________________________________

b. Date you expect to end your vacation ________________________________________________

c. Place or places you will be on your vacation__________________________________________

____________________________________________________________________________________
____________________________________________________________________________________

d. Name of Employer____________________________________________________________________
Address of Employer____________________________________________________________________

____________________________________________________________________________________

7. If you have checked 4f above, please complete the following:

School Address where ballot is to be sent_______________________________________________
____________________________________________________________________________________

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and understand that if I make any material false statement in the foregoing statement of application for absentee ballot, I shall be guilty of a misdemeanor.

DATE________________ SIGNATURE OF VOTER________________________________________

This application must be received by the District Clerk at least seven (7) days before the February 6, 2020 vote (January 30, 2020) if the ballot is to be mailed to the voter; OR the day before the vote if the ballot is to be delivered personally to the voter at the District Clerk’s Office.

Return to: Jeanine Genauer
District Clerk
Hastings-on-Hudson UFSD
27 Farragut Avenue
Hastings-on-Hudson, NY 10706