



**IRVINGTON**  
UNION FREE SCHOOL DISTRICT

**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 Irvington UFSD  
(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:

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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.

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

a. Date you expect to begin your vacation

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b. Date you expect to end your vacation

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c. Place or places you will be on your vacation

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d. Name of Employer

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Address of Employer Address of Employer

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

Address where ballot is to be sent

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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 vote 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:** District Clerk  
Irvington Union Free School District  
6 Dows Lane  
Irvington, New York 10533