MATTITUCK-CUTCHOGUE UFSD **Application for Absentee Ballot**

School District Meeting and Vote on

May 21, 2019

Date of School District Meeting and Vote

I,	being affirmed say:
I reside at	
Street nu	amber (if any) and town
and rural delivery route (if any)	
I am a qualified voter of the School District in which I resist such date, over 18 years of age, a citizen of the United Stat district for thirty days next preceding such date, I an	tes and have or will have resided in the
I will be unable to appear to vote in person on the day of the which the absentee ballot is requested because I am or will	
(Complete one of the following	subdivisions)
A. A patient in a hospital, or unable to appear personally at the illness or physical disability.	ne polling place on such day because of
Because my duties, occupation, business or studies will recity of my residence on such day.	quire me to be outside of the county or
1. Where such duties, occupation, business or studies require such absence, a brief description of such duties, be set forth (description):	occupation, business or studies shall

C.	
I will be on vacation elsewhere on such day	(outside the county or city of my residence).
I expect that such vacation will begin on	and end on
and will be at the following named place or	places
Name of Employer	Address
Or self employed as a	Located at
Or retired as of (date)	
	D.
I will be absent from my voting residence b	pecause
☐ I am detained in jail awaiting action	
☐ I am awaiting trial.	
_	iction for an offense other than a felony.
•	E
I am entitled to vote as an absentee voter in	that I expect to be absent from the School District on
the day of the School District Meeting and	d Vote by reason of accompanying or being with the
(check one): spouse, parent, o	or child of, and reside in the same household with
a person qualified to apply in that such a p	person (check one): will be absent from the
county of his residence due to his duties, or	ccupation, business or studies and such absence is not
caused by the fact that his regular daily plac	e of business or studies is located outside such county,
or will be absent due to \square vacation,	, a \square patient at a hospital, \square detained
in jail, confined due to illness or phys	ical disability.
The person through whom I claim to be so	entitled (check one) has has not applied
for an absentee ballot.	
KNOWLEDGE AND BELIEF, AND I UNDE	DING IS A TRUE STATEMENT TO THE BEST OF MY IRSTAND THAT IF I MAKE ANY MATERIAL FALSE MENT OF APPLICATION FOR ABSENTEE BALLOTS, I
Date	Signature of Voter or Mark