

## West Irondequoit Central School District

321 LIST AVENUE ROCHESTER, NEW YORK 14617 Telephone: (585) 342-5500 FAX: (585) 266-1556 www.westirondequoit.org

## **APPLICATION for ABSENTEE BALLOT**

Date of Vote:	December 12, 2023	
Name (Please Print):		
District Address:		
City:	Rochester	Zip Code:

The undersigned applicant certifies as follows:

That I reside at the above specified address; I am or will be, on the day of the school district vote specified above, a qualified voter of the West Irondequoit Central School District. I am or will be, on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty (30) days preceding the date of such vote.

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 for one of the following reasons:

## Check one: (A), (B), (C), (D), or (E) and complete where applicable.

(A)	because I will	(1) be a patient in a hospital; or
Illness		(2) be unable to appear personally at the polling place on such day because of illness or physical disability.
(B)	because my duties, occupation, business or studies will require me to be outside the county of my residence on such day.	
Work/Studies		My duties, occupation, business or studies (list <b>complete</b> school address) ordinarily require my absence and are as follows:
		or
		My duties, occupation, business, or studies are not of such a nature as ordinarily to require my absence from the county of my residence, but the special circumstances for which such absence is required are as follows:

Page 2

(C)	because I will b	be on vacation outside my county of residence on such day from		
Vacation		to		
		WHERE on vacation:		
		Employer, if any:		
		Employer address:		
		Are you self-employed or retired?: (Yes) (No)		
(D)	because I am	(1) being detained in jail awaiting action by a grand jury or awaiting trial;		
Incarcerated		(2) being confined in prison after conviction for an offense other than a felony.		
(E)	because I am a	qualified voter who is a		
Other		(1) spouse		
		(2) child		
		(3) parent		
		of who is a qualified voter and who is entitled to, and has applied for, the right to vote by an absentee ballot vote and I will be accompanying that qualified voter on the date of the school district vote.		

I HEREBY DECLARE THAT THE FOREGOING IS A TRUE STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I 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 (Applicant)

PHONE

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 PICKED UP PERSONALLY BY THE VOTER.