



WILLIAMSON CENTRAL SCHOOL

PO Box 900, Williamson, NY 14589-0900 (315) 589-9661 (315) 589-7611

APPLICATION FOR ABSENTEE BALLOT PURSUANT TO SECTION 2018-B OF THE EDUCATION LAW

Name _____

Address _____

Town State Zip

I, _____, am or will be, on the day of the school district election, a qualified voter of the **WILLIAMSON CENTRAL SCHOOL DISTRICT**, am over 18 years of age, a citizen of the United States and have or will have resided in the district for 30 days preceding the date of election.

Date of election or vote absentee for which ballot is requested is **May 19, 2009.**

I will be unable to appear to vote in person on the day of the school district election for which the absentee ballot is requested because I am, or will be on such day (check one):

___ a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability;

___ because of my duties, occupation or business, I will be required to be outside the county or city of residence on such day; (provide brief description of such duties, occupation or business. Where such duties, occupation or business are not of such a nature as ordinarily to require such absence, please state the special circumstances or account of which absence is required);

___ because I will be on vacation outside the county or city of residence on such day (please state the dates upon which you expect to begin and end such vacation, the place or places where you expect to be on such vacation, the name and address of your employer, if any, and if self-employed, a statement to that effect);

___ because I will be absent from my voting residence because I am or will be detained in jail awaiting action by a grand jury, awaiting trial or confined in prison after conviction for an offense other than a felony. (Please state whether you are detained awaiting action of the grand jury or are confined after conviction for an offense other than a felony);

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: _____

Please return to:

Office of the District Clerk
Williamson Central School
PO Box 900
Williamson, NY 14589

Approved: _____
Date: _____