ABSENTEE BALLOT APPLICATION FOR SCHOOL DISTRICT AND LIBRARY ELECTION
FREEPORT UNION FREE SCHOOL DISTRICT

ALL APPLICANTS MUST SIGN DECLARATION ON REVERSE SIDE

IMPORTANT:  THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (7) DAYS BEFORE THE ELECTION IF THE BALLOT IS TO BE MAILED TO THE VOTER, OR THE DAY BEFORE THE ELECTION, IF THE BALLOT IS TO BE DELIVERED PERSONALLY TO THE VOTER.

PLEASE PRINT LEGIBLY

<table>
<thead>
<tr>
<th>Category (check one)</th>
<th>(check one)</th>
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<tbody>
<tr>
<td>A. Illness or disability</td>
<td>D. Ordinary absence for duties, occupation, or business</td>
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<tr>
<td>B. Detained or confined in jail or prison</td>
<td>E. Unusual absence for duties, occupation, business or studies</td>
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<tr>
<td>C. Vacation</td>
<td>F. Spouse, parent or child accompanying voter entitled to absentee ballot</td>
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I, ________________________________, (Please print name and address legibly) an applicant for an absentee ballot, state that I reside at ________________________________. On _____________________, the date of the forthcoming election, I will be over the age of 18 years, a citizen of the United States, and a resident of the school district for at least thirty (30) days. I have registered to vote in the school district’s elections with (check one or both if appropriate) □ the school district’s Board of Registration □ the Nassau County Board of Elections.

COMPLETE THE APPROPRIATE SECTION BELOW FOR THE CATEGORY YOU CHECKED

A. ILLNESS OR DISABILITY:
Because of □ illness; □ physical disability (please check one), I will be unable to appear personally at the polling place on the day of the next election. I expect, in good faith, to be confined at (insert the word “home” or the name and address of the hospital or institution)________________________ and have been advised that I will be unable to appear by (insert the name and address of physician, Christian Science Practitioner or name and title of medical superintendent or administrative head of hospital or institution).

Name of health care provider: ________________________________
Address: ________________________________ Telephone: ________________________________

B. DETAINED OR CONFINED IN JAIL OR PRISON:
I will be unable to personally appear at the polling place on the day of the next election because I expect, in good faith to be:
□ A. Detained in jail awaiting action by a grand jury.
□ B. Confined in prison after conviction for an offense other than a felony.
□ C. Detained in jail or prison awaiting trial.
Place where confined or detained: ________________________________

C. VACATION:
If you plan to be on vacation outside the County of Nassau and are unable to appear personally at the polling place on the day of the next election, complete the following:
Vacation begins on _____________________ and ends on _____________________
Place or places expected to be on such vacation:

Self-employed or retired: □ Yes □ No
D. ORDINARY ABSENCE DUE TO DUTIES, OCCUPATION, BUSINESS, OR STUDIES:
I will be unable to appear personally at the polling place on the next election because I will be outside the County of Nassau due to the fact that my duties, occupation, business, or studies ordinarily requires such an absence. Explain briefly your position and the nature of your duties, occupation, business or studies requiring such absence.

E. UNUSUAL ABSENCE FOR DUTIES, OCCUPATION, BUSINESS, OR STUDIES:
I expect, in good faith, to be absent from the County of Nassau on the day of the next election and will not be able to appear personally at the polling place because of special circumstances not usual to my duties, occupation, business, or studies. Explain briefly your position and the nature of your duties, occupation, business, or studies and the special circumstances on account of which your absence will be required.

F. SPOUSE, PARENT, OR CHILD ACCOMPANYING VOTER ENTITLED TO ABSENTEE BALLOT:
If you are the spouse, parent or child of a qualified voter who will be absent on the day of the election and will be accompanying that person so that you will be unable to personally appear at the polling place, state:

Name of that person: ____________________________
That person’s home address: ____________________________
That person’s relationship to you: ____________________________
Reason for such person’s absence: ____________________________

If that person has not made application for an absentee ballot, state the reasons for such person’s absence to the same extent as he or she would have done so had he or she made application. You will not be entitled to an absentee ballot unless that person would have been entitled to one, had he or she applied.

MAILING ADDRESS

IMPORTANT: If address to which absentee ballot is to be delivered is different from permanent address (i.e., school address, vacation address, etc.)

DECLARATION – ALL APPLICANTS MUST SIGN
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 APPLICANT: ____________________________

MAIL at least seven (7) days before the election if the Ballot is to be mailed to the voter – to: District Clerk
Freeport Union Free School District
Administrative Offices
235 North Ocean Avenue
Freeport, New York 11520

OR

DELIVER personally no later than the date before the election to: