



WAYLAND-COHOCTON CENTRAL SCHOOL DISTRICT

2350 Route 63 N

Wayland, NY 14572

(585) 728-2211 x3396 Superintendent's Secretary

ABSENTEE BALLOT APPLICATION

This application must either be personally delivered to the Board of Education not later than the day before the election if the ballot is to be delivered personally to the voter, or postmarked by a governmental postal service not later than 7th day before the election if the ballot is to be mailed to the voter. The ballot itself must either be personally delivered to the Board of Education no later than 5 p.m. on budget vote/election day, or postmarked by a governmental postal service not later than the day before the election and received no later than the 7th day after the budget vote/election.

1	Last Name		First Name		Middle Initial
	Address				Birth Date / /
	City	State	Zipcode		

2 I am requesting an absentee ballot for the following election:  
 Annual School Board Member Election and School Budget Vote

3 I am requesting in good faith an absentee ballot due to the following reason (check one):

- Absent from County on Election Day
- Permanent Illness or Physical Disability
- Temporary Illness or Physical Disability
- Duties related to the primary care of one or more individuals who are ill or physically disabled.
- Inmate or Patient of a Veteran's Administration Hospital
- Detained in prison/jail, awaiting trial, awaiting action by a grand jury, or in prison for a conviction of a crime or offense other than a felony.

4 Select one:

I will personally pick up ballot.       I authorize the individual named below to pick up my ballot:

Mail ballot to the address listed above.

Mail to alternate address (first class only):

\_\_\_\_\_ (print name clearly)

5 Applicant must sign below:

I certify that I am a qualified and registered voter and the information in this application is true and correct and will be accepted as the equivalent of an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

\_\_\_\_\_ X \_\_\_\_\_  
Date Signature of Voter

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed. By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark in lieu of my signature:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Date Name Mark

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him/her to be the person who affixed his/her mark to application and this statement will be accepted as equivalent to an affidavit and if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Date Name Address