

PORT JEFFERSON SCHOOL DISTRICT ABSENTEE BALLOT APPLICATION

PLEASE PRINT CLEARLY.

This application may only be used for school district elections by qualified voters who reside in the school district. If the application requests the absentee ballot be mailed, the application must be received by the District Clerk not later than 7 days before the election for which the absentee ballot is sought. Otherwise, the application may be personally delivered to the District Clerk not later than the day before the election. If you are qualified for absentee voting and issued an absentee ballot, the ballot itself must he received by the School District Clark by 5 PM on the day of the election in order to be canyassed

1	I am requesting, in good faith, an absentee ballot due to (check one reason): Absence from county on election day Temporary illness or physical disability Permanent illness or physical disability Duties related to primary care of one or more individuals who are ill or physically disabled Resident or patient of Veterans Health Administration Hospital Detention in jail/prison, awaiting trial, awaiting action by a grand jury, or in prison for conviction of a crime or offense which was not a felony							
2	Absentee Ballot(s) requested for the following school district election(s): Annual election and budget vote Budget re-vote							
3	Last name or surname		First na	First name		M. Initial	Suffix	
4	Date of Birth	School distric	t where you reside	Phone number (optional)	Email (optional)			
5	Address where you live (residence	:e) STREET	APT.	CITY		STATE ZIP		
6	Deliver to me in person at the Office of School District Clerk. Mail ballot to me at this address: Street no. Street name Apt. City State Zip							
Applican	nt must sign below:		.,,,,				p	
7	I certify that I am a qualified older, and (3) a resident with declare that the foregoing is material false statement in t	nin the District a true stateme he foregoing st	for a period of thir nt to the best of m	ty days next preceding said s y knowledge and belief, and	Special Dist I I understa	rict Meeting	g. I hereby make any	
	DATE	SIGNATURE OF	VOTER					
under, I h s or phys ney or pre	unable to sign because of illness nereby state that I am unable to sical disability or because I am u eprinted name stamps allowed.)	, physical disab sign my applic nable to read.	ility or inability to r ation for an absen I have made, or ha	tee ballot without assistance ive the assistance in making,	because I my mark ii	am unable n lieu of my	to write by reason signature. (No pov	
under, I h ss or phys ney or pre E: undersig on who af	unable to sign because of illness nereby state that I am unable to sical disability or because I am u eprinted name stamps allowed.)	, physical disable sign my applic nable to read.) TER: ove named vot plication and ur	ility or inability to r ation for an absen I have made, or ha er affixed his or ha	tee ballot without assistance ive the assistance in making, er mark to this application in statement will be accepted	my mark in MAR my presenter all purpor	am unable in lieu of my K:	to write by reason signature. (No pow	

((Address of witness to mark)