

APPLICATION FOR ABSENTEE BALLOT

Annual Budget Vote and School Board Election - May 21, 2024

The District Clerk is located at 119 South Avenue, Webster, NY. Feel free to telephone Heather Murphy in advance with any questions at 585-216-0001.

I, _____, residing at (fill in street and number, if any, or town and rural delivery route, if any) _____

certify that I am, or will be, on the day of the school district election a qualified voter of the Webster Central School District. I am, or will be, on such date, over eighteen years of age, a citizen of the United States and have, or will have, resided in the district for thirty days preceding the date of the vote; I will be unable to appear to vote in person on the day of the school district vote for one of the following reasons:

Check and complete one of the following subdivisions:

A. _____ I will be a patient in a hospital; or

_____ I will be unable to appear personally at the polling location on that date because of illness or physical disability.

B. _____ My duties, occupation, business, or studies will require me to be outside the county or city of my residence on such date.

Briefly describe duties, occupation, business or studies:

OR

My duties, occupation, or business do not ordinarily require my absence from the county or city of my residence; however, the special circumstances that require my absence on such date are as follows:

OVER

C. _____ I will be on vacation outside my county or city of residence from _____
to _____ during which time I will be at the following place(s):

Name of Employer (if any): _____

___ I am self-employed.

___ I am retired.

D. _____ I will be detained in jail:
_____ 1. awaiting action by a Grand Jury
_____ 2. awaiting trial
_____ 3. after conviction for an offense other than a felony.

E. _____ On the date of the vote, I am or will be accompanying or with
_____ who is my:

- _____ 1. spouse
- _____ 2. parent
- _____ 3. child

and who is, or would be if he/she were a qualified voter, entitled to apply for the right to vote
by absentee ballot, for one of the reasons listed above.

Specify reason and provide details: _____

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 ballots, I shall be guilty of a misdemeanor.

Signature of Voter

Date

NOTE: This application must be RECEIVED by the District Clerk at least seven 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. Please mail to: District Clerk, Webster Central School District, 119 South Avenue, Webster, NY 14580.

If you wish to have the ballot mailed to an address other than your legal voting address, please indicate below:

Send ballot to:

