PLEASE RETURN TO: DISTRICT CLERK

Peekskill City School District 1031 Elm Street Peekskill, NY 10566

Application for Absentee BallotApplication must be received by the District Clerk at least 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.

State	on New York :
City o	or Town of ss#.:
Coun	y of
Ι,	being affirmed say
I resid	le at Street number (if any) and rural delivery route (if any)
	Street number (11 any) and rural derivery route (11 any)
	Town, Village or city and zip code a qualified voter of the Peekskill City School District in which I reside in that: am or will be on such date, over 18 years of age, a citizen of the United States and have or will have in the district for 30 days next preceding such date.
I will ballot	be unable to appear to vote in person on the day of the School District election for which the absentee is requested because I am or will be on such day:
(Com	plete one of the following subdivisions)
	A.□
	ient in a hospital, or unable to appear personally at the polling place on such day because of illness or cal disability.
	В. 🗆
	use my duties, occupation, business or studies will require me to be outside of the county or city of my ence on such day.
1	. Where such duties, occupation, business or studies are of such a nature as ordinarily to require such absence, a brief description of such duties, occupation, business or studies shall be set forth (description):
□ 2	Where such duties, occupation, business or studies are not of such a nature as ordinarily to require such absence, a statement must be given for the special circumstances to account for such absence.

	C. 🗆
I will be on vacation elsewhere on such da	y.
I expect that such vacation will begin on	
and end on	Date
	Date
and will be at the following named place of	or places
Name of EmployerAddress	
or self employed as a	Located at
District on the day of the School 2 with the (check one) spouse, pare a person qualified to apply in that county of his residence due to habsence is not caused by the fact	District election by reason of accompanying or being ent, or child of, and reside in the same household with t such a person (check one) will be absent from the his duties, occupation, business or studies and such that his regular daily place of business or studies is will be absent due to vacation, a patient at a hospital,
The person through whom I claim an absentee ballot.	to be so entitled (check one) has has not applied for
THE BEST OF MY KNOWLED IF I MAKE ANY MATERIAL	THE FOREGOING IS A TRUE STATEMENT TO DGE AND BELIEF, AND I UNDERSTAND THAT FALSE STATEMENTS IN THE FOREGOING ON FOR ABSENTEE BALLOTS, I SHALL BE R.
Date	Signature of Voter or Mark

	LOT SHOULD BE SENT TO: ess (indicated on front of this application)
	. , , , , , , , , , , , , , , , , , , ,
Other:	
Please indicate you	r neighborhood school voting area:
□ U □ P □ P □ W d	Pakside School District A = city districts 1 & 2 Friah Hill School District B = city districts 3, 4, 14, 15 and 21 Friah Hill School District C = city districts 5, 6, 17, 18 and 23 Friah Hill School District C = city districts 7, 8, 16, 19 and 23 Friah Hill School District C = city districts 7, 8, 16, 19 and 23 Friah Hill School District C = city districts 7, 8, 16, 19 and 23 Friah Hill School District C = city districts 7, 8, 16, 19 and 23 Friah Hill School District C = city districts 7, 8, 16, 19 and 23 Friah Hill School District C = city districts 7, 8, 16, 19 and 23 Friah Hill School District C = city districts 1, 18 and 23 Friah Hill School Di