Application for Absentee Ballot

Application 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 or Town of ________________________________ ss#: ____________________
County of ____________________________________________

I, ____________________________________________________________________ being affirmed say

I reside at __________________________________________________________________________
Street number (if any) and rural delivery route (if any)

_____________________________________________________

Town, Village or city and zip code

I am a qualified voter of the Peekskill City School District in which I reside in that:
☐ I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for 30 days next preceding such date. ☐ I am registered in the district.

I will be unable to appear to vote in person on the day of the School District election for which the absentee ballot is requested because I am or will be on such day:

(Complete one of the following subdivisions)

A. ☐
A patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability.

B. ☐
Because my duties, occupation, business or studies will require me to be outside of the county or city of my residence 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 day.

I expect that such vacation will begin on _____________________________ Date
and end on _____________________________ Date

and will be at the following named place or places. ______________________________

Name of Employer _______________________________________________________
Address ________________________________________________

or self employed as a ___________________________Located at ____________________

D.
I will be absent from my voting residence because
  □ I am detained in jail awaiting action by grand jury.
  □ I am awaiting trial.
  □ I am confined in a prison after conviction for an offense other than a felony.

E.
I am entitled to vote as an absentee voter in that I expect to be absent from the School District on the day of the School District election by reason of accompanying or being with the (check one) spouse, parent, or child of, and reside in the same household with a person qualified to apply in that such a person (check one) will be absent from the county of his residence due to his duties, occupation, business or studies and such absence is not caused by the fact that his regular daily place of business or studies is located outside such county, or will be absent due to vacation, a patient at a hospital, detained in jail, confined due to illness or physical disability.

The person through whom I claim to be so entitled (check one) has has not applied for an absentee ballot.

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 STATEMENTS IN THE FOREGOING STATEMENT OF APPLICATION FOR ABSENTEE BALLOTS, I SHALL BE GUILTY OF A MISDEMEANOR.

________________________________________ Date
Signature of Voter or Mark
ABSENTEE BALLOT SHOULD BE SENT TO:
Home Address (indicated on front of this application) _____________________
or _______________________________________________________________
Other: _______________________________________________________________

Please indicate your neighborhood school voting area:

☐ Oakside School District  A = city districts 1 & 2
☐ Uriah Hill School District  B = city districts 3, 4, 14, 15 and 21
☐ Park St. School District  C = city districts 5, 6, 17, 18 and 23
☐ Peekskill HS School District  D = city districts 7, 8, 16, 19 and 22
☐ PMS School District  E = city districts 9, 10 and 11
☐ Woodside School District  F = city districts 12 and 13
  district 13 the part of Shenandoah Ave., Fairlawn Ave.,
  and the Northern Boundary line of the City School District.