

**APPLICATION FOR ABSENTEE BALLOT**  
**Franklin-Essex-Hamilton BOCES**  
**Capital Project Referendum, September 21, 2017**

Application must be received by the BOCES District Clerk at least 7 days before the vote if the ballot is to be mailed to the voter, or by 5:00 p.m. on September 20, 2017, if the ballot is to be delivered personally to the voter.

I \_\_\_\_\_, being affirmed say: I reside at \_\_\_\_\_

Street Number (if any) or town and rural delivery (if any)

I am a qualified voter of the Board of Cooperative Educational Services Sole Supervisory District Franklin-Essex-Hamilton Counties (Franklin-Essex-Hamilton BOCES) in which I reside, in that I am or will be on the date of the Capital Project Referendum, September 21, 2017, over 18 years of age, a citizen of the United States and have or will have resided within the Franklin-Essex-Hamilton BOCES for a period of thirty days next preceding the date of the vote.

I will be unable to appear to vote in person on the day of the Franklin-Essex-Hamilton BOCES Capital Project Referendum for which the absentee ballot is requested because I am or will be on such day:

<b>The Reason I am Requesting an Absentee Application</b>
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In good faith I expect to be absent on Election Day due to:

- |              |  |                           |
|--------------|--|---------------------------|
|              | <input type="checkbox"/> Illness or physical disability or hospital patient..... | <b>complete Section A</b> |
| <i>Check</i> | <input type="checkbox"/> Duties, occupation, business or studies.....            | <b>complete Section B</b> |
| <i>Only</i>  | <input type="checkbox"/> Being on Vacation.....                                  | <b>complete Section C</b> |
| <i>ONE:</i>  | <input type="checkbox"/> Jail or prison.....                                     | <b>complete Section D</b> |
|              | <input type="checkbox"/> Accompanying a spouse, parent, or child.....            | <b>complete Section E</b> |

**A. ILLNESS OR PHYSICAL DISABILITY OR HOSPITAL PATIENT**

- A patient in a hospital or unable to appear personally at the polling place on such day because of illness or personal disability.
- My illness or disability is permanent. Please mail Absentee Ballots to me for all future elections without further application. The nature of my permanent illness or disability is: \_\_\_\_\_

**B. DUTIES, OCCUPATION, BUSINESS, OR STUDIES**

- I expect to be absent from my county of residence because of my duties, occupation, business or studies require me to be elsewhere as follows:
  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 below:  
 \_\_\_\_\_  
 \_\_\_\_\_
  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.  
 \_\_\_\_\_  
 \_\_\_\_\_

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**C. VACATION**

I expect to be absent from my county of residence because I will be on vacation elsewhere on such day.

I expect that such vacation will begin on \_\_\_\_\_ and end on \_\_\_\_\_

1. Place or places where you expect to be on vacation:

2. Name and address of employer:

3. Self-employed as and location:

4. Retired as of (date):

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**D. JAIL OR PRISON**

I will be absent from my voting residence because:

I am detained in jail awaiting action by grand jury.

I am detained in jail awaiting trial.

I am confined in a prison after the conviction for an offense other than a felony.

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**E. ACCOMPANYING A SPOUSE, PARENT OR CHILD**

I am entitled to vote as an absentee voter in that I am qualified voter of the Franklin-Essex-Hamilton BOCES and expect to be absent from Franklin-Essex-Hamilton BOCES on the day of the Franklin-Essex-Hamilton BOCES Capital Project Referendum by reason of accompanying or being with my (check one):  spouse,  parent,  child, who is (or would be if an eligible voter) qualified to receive an absentee ballot for one of the reasons set forth above. The reason for absence on the day of the vote is: \_\_\_\_\_

The person through whom I am so entitled (check one):

has applied for an absentee ballot. (provide that person's name and address): \_\_\_\_\_

has not applied for an absentee ballot.

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**I HEREBY DELCARE 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

**RETURN APPLICATIONS TO:**

Lisa Mastry, District Clerk  
Franklin-Essex-Hamilton BOCES  
P.O. Box 28, 23 Husky Lane  
Malone, NY 12953