

**BABYLON UNION FREE SCHOOL DISTRICT
DISTRICT CLERK'S OFFICE
50 RAILROAD AVENUE
BABYLON, NY 11702**

**APPLICATION FOR ABSENTEE BALLOT FOR BABYLON PUBLIC LIBRARY
ANNUAL BUDGET VOTE AND ELECTION
TUESDAY, APRIL 12, 2022**

FULL NAME (Please Print) _____
Last Name First Name Middle Initial

DATE OF BIRTH _____

RESIDENT'S ADDRESS _____

The undersigned declares that he/she is, or will be, on the day of the school district election, a qualified voter of the Babylon Union Free School District, 18 years of age or over, a citizen of the United States and have or will have resided in the school district for 30 days preceding the date of election and is registered to vote.

I am requesting in good faith an absentee ballot due to (check one reason):

- ___a. Absence from county on election day
- ___b. Temporary illness or physical disability
- ___c. Permanent illness or physical disability
- ___d. Duties related to primary care of one or more individuals who are ill or physically disabled
- ___e. Resident or patient of a Veteran's Health Administration Hospital
- ___f. Detention in jail/prison awaiting trial, awaiting action by a grand jury or in prison for a conviction of a crime or offense which is not a felony.

Delivery of Library Election Ballot (check one) Deliver to me in person at the Office of the District Clerk.

I authorize (give name): _____ to pick up my ballot at the Office of the District Clerk.

Mail Ballot to me at (mailing address)

_____ Street No. Street Name apt. City State Zip Code

I certify that I am a qualified and a registered voter; and that the information in this application is true and correct and that this application will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Sign Here: _____ Date: ____/____/____

If applicant is unable to sign because of illness, physical disability or inability to read, the following statement must be executed: By my mark, duly witnessed hereunder, I hereby state that I am unable to sign my application for an absentee ballot without assistance because I am unable to write by reason of my illness or physical disability or because I am unable to read. I have made, or have the assistance in making, my mark I lieu of my signature. (No power of attorney or preprinted name stamps allowed.)

Date: __/__/__ Name of Voter: _____ Mark: _____

I, the undersigned, hereby certify that the above named voter affixed his or her mark to this application in my presence and I know him or her to be the person who affixed his or her mark to said application and understand

that this statement will be accepted for all purposes as the equivalent of an affidavit and it if contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

(Address of witness to mark)

(Signature of witness to mark)

THIS APPLICATION MUST BE RECEIVED BY THE DISTRICT CLERK AT LEAST SEVEN (7) DAYS BEFORE THE ELECTION IF THE BALLOT IS TO BE MAILED TO THE VOTER; OR ONE (1) DAY BEFORE IF PERSONALLY DELIVERED TO THE VOTER.