

**Application for Absentee Ballot
Pursuant to Sections 2018-a and 2018-b of the Education Law**

Name: _____

Address: _____

Number and Street

Village/Town/City

State

Zip

I _____, am or will be, on the day of the school district election, a qualified voter of the Gowanda Central School District, am over 18 years of age, a citizen of the United States and have or will have resided in the district for 30 days preceding the date of election.

I ___ am / ___ am not (check one) currently registered to vote.*

Date of election or vote for which absentee ballot is requested:

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 (check one):

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

___ because of my duties, occupation, business or studies, I will be required to be outside the county or city of residence on such day. (Provide a brief description of such duties, occupation or business. Where such duties, occupation or business are not of such a nature as ordinarily to require such absence, please state the special circumstances or account of which absence is required):

___ because I will be on vacation outside the county or city of residence on such day (please state the dates upon which you expect to begin and end such vacation, the place or places where you expect to be on such vacation, the name and address of your employer, if any, and if self-employed or retired, a statement to that effect):

___ because I will be absent from my voting residence because I am or will be detained in jail awaiting action by a grand jury, awaiting trial or confined in prison after conviction for an offense other than a felony. (Please state whether you are detained awaiting action of the grand jury or are confined after conviction for an offense other than a felony):

_____; or

___ because I will be accompanying my spouse/child/parent who is or would be, if he were a qualified voter, entitled to apply for the right to vote by absentee ballot. (Please state name, address and relationship of person referred to in this paragraph):

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 ballot, I shall be guilty of a misdemeanor.

Date

Signature of Voter

Please return to: District Clerk
Gowanda Central School District
Prospect Street
Gowanda, New York 14070

*This information is only required in districts having a system of personal registration.