



**APPLICATION FOR ABSENTEE BALLOT  
SKANEATELES CENTRAL SCHOOL DISTRICT  
School Budget Vote ON May 19, 2020**

1. Name \_\_\_\_\_

Resident Address \_\_\_\_\_  
\_\_\_\_\_

2. I am or will be on the day of the school district election a qualified voter of the school district in which I reside and that I am over eighteen years of age and a citizen of the United States and will or have resided in the district for thirty days next preceding date of election.

3. I will be unable to appear to vote in person the day of the school district election for which the absentee ballot is requested because I am: (circle the appropriate letter)

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

b. Because my duties, occupation or business will require me to be outside of the county of my residence on such day. Give a brief description of such duties, occupation or business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Because I will be on vacation outside the county of my residence on such day. Give dates when vacation begins and ends and place where you expect to be on such vacation:

\_\_\_\_\_  
\_\_\_\_\_

d. Absent from my voting residence because I am detained in jail awaiting action by a grand jury or awaiting trial or am confined in prison after conviction of an offense other than a felony. State whether you are waiting grand jury action or confined after conviction for an offense other than a felony:

\_\_\_\_\_  
\_\_\_\_\_

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 ballots, I shall be guilty of a misdemeanor.

Date \_\_\_\_\_ Signature of Voter \_\_\_\_\_

Mailing Address: Ms. Karen Dunphy, District Clerk  
Skaneateles Central School  
45 East Elizabeth Street  
Skaneateles, NY 13152