Application for Absentee Ballot Pursuant to Section 2018-b of the Education Law

Name:			
Address:		Number and Street	•
Village/Town/City		State	Zip
	, am or v Central School District, am over 18 days preceding the date of the election	will be, on the day of the school district el years of age, a citizen of the United State on.	lection, a qualified voter of the Madrides and have or will have resided in the
Date	of election or vote for which absente	e ballot is requested	
	I be unable to appear to vote in perso or will be on such day (check one)	n on the day of the school district election f	for which the absentee ballot is requested
	☐ A patient in a hospital, or use physical disability.	nable to appear personally at the polling	place on such day because of illness or
	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 on account of which absence is required):		
	which you expect to begin and er	outside the county or city of residence on sund such vacation, the place or places where yer, if any, and if self-employed, a statement	you expect to be on such vacation, the
	grand jury, awaiting trial or cor whether you are detained awaitir	n my voting residence because I am or will afined in prison after conviction for an offing action of the grand jury or are confined a	fense other than a felony. (Please state after conviction for an offense other than
	to apply for the right to vote by al this paragraph):	ng my spouse/child/parent, who is or would bsentee ballot. (Please state name, address,	and relationship of person referred to in
I her any material f	eby declare that the foregoing is a tru	ue statement to the best of my knowledge an ment of application for absentee ballot, I sha	nd belief, and I understand that if I make
Date:	Signature of Vo	ter:	

Please return to:

District Clerk's Office, Madrid-Waddington Central School, P.O. Box 67, Madrid, NY 13660