

Florida Public Library
Application for Absentee Ballot

Application must be received by the Election Clerk at the Florida Public Library, 4 Cohen Circle, Florida, New York, 10921, at least 7 days before the election/vote if the ballot is to be mailed to the voter, or the day before the election/vote if the ballot is to be picked up personally by the voter. **(PLEASE PRINT)**

City or Town of _____, County of Orange, State of New York

I _____, being affirmed say:

I reside at _____
Street Number (if any)

_____ and rural delivery route (if any)

Mail the absentee ballot to the following address if different from above:

I am: _____ a qualified voter of the Florida Union Free School District.
_____ qualified to vote at a general election. I am or will be on the date of the election/vote over 18 years of age, a citizen of the United States and have or will have resided in the district indicated above for 30 days next preceding such date.

I will be unable to appear to vote in person on the day of the Library election/vote for which the absentee ballot is requested because I am or will be on such day:

(Complete one of the following subdivisions:)

A.

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

B.

_____ Because my duties, occupation, business or studies will require me to be outside of the county or town of my residence on such day.

_____ 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:

_____ 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:

C.

___ I will be on vacation elsewhere on such day. I expect that such vacation will begin on _____ and end on _____.

(Date)

(Date)

and will be at the following named place or places: _____

Name of Employer: _____

Employer Address _____

or self-employed as a _____

located at _____

or retired as of (date) _____

D.

___ I will be absent from my voting residence because:

___ I am detained in jail awaiting action by a grand jury.

___ I am awaiting trial.

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

E.

___ I am entitled to vote as an absentee voter in that I expect to be absent from the county of my voting residence on the day of the Library election/vote by reason of accompanying or being with the (check one) ___ spouse, ___ parent, ___ child of, and reside in the same household with a person qualified to apply in that such a person (check one):

___ will be absent from the county of his/her residence due to his/her duties, occupation, business or studies and such absence is not caused by the fact that his/her regular daily place of business or studies is located outside such county.

___ will be absent due to vacation.

___ will be a patient at a hospital.

___ will be detained in jail.

___ confined due to illness or physical disability.

The person through whom I claim to be so entitled (check one):

___ has applied for an absentee ballot.

___ has not applied for an absentee ballot.

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 or Mark