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:

_____________________________________________________________________________________
_____________________________________________________________________________________

(PLEASE PRINT)
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