

LAKE GEORGE CENTRAL SCHOOL DISTRICT
LAKE GEORGE, NEW YORK

APPLICATION FOR ABSENTEE BALLOT

Name _____

Address: _____

I do declare that I am or will be, as of _____ a qualified voter of the school district by meeting the following qualifications:

- 18 years of age or older
- A citizen of the United States
- Have or will have resided in the district 30 days prior to the date of the election. (A **voter** may have **only one legal domicile (residence)** that is his/her **place of permanent residence.**)

I do declare that I will be unable to appear to vote in person on the day of the school district election because of:

Check One

Illness or Physical Disability

Business responsibilities or studies which require travel outside of the county or city on the day of the election.

Vacation outside of the county or city of residence.

Detention or confinement to jail for reasons 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 of application for absentee ballots, I shall be guilty of a misdemeanor.

Date

Signature of Voter

Note: This request must be received by the District Clerk at least seven (7) days before the election if the ballot is to be mailed to the applicant, or the day before the election, if the ballot is to be delivered personally.