

**Application for Absentee Ballot  
Pursuant to Sections 2018-a and 2018-b of the Education Law**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Number and Street)

\_\_\_\_\_ Village/Town/City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

I \_\_\_\_\_, am or will be, on the day of the school district election, a qualified voter of the Yorktown Central School District, am over 18 years of age, a citizen of the United States and have or will have resided in the district for 30 days preceding the date of election.

I \_\_\_ am / \_\_\_ am not (check one) currently registered to vote.\*

Date of election or vote for which absentee ballot is requested:

\_\_\_ I will be unable to appear to vote in person on the day of the school district election for which the absentee ballot is requested because I am, or will be on such day (check one):

\_\_\_ a patient in a hospital, or unable to appear personally at the polling place on such day because of illness or physical disability;

\_\_\_ 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 or account of which absence is required):

\_\_\_\_\_;

\_\_\_ because I will be on vacation outside the county or city of residence on such day (please state the dates upon which you expect to begin and end such vacation, the place or places where you expect to be on such vacation, the name and address of your employer, if any, and if self-employed, a statement to that effect):

\_\_\_\_\_;

